



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
FEB 09 2023
 BY *[Signature]*

1. Entity ID Number 8512		2. Exact name of the Corporation G.K.T. REFRIGERATION CORP.			
3. Principal Office Address 80 Dean Street			City Pawtucket	State RI	Zip 02861
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island refrigeration installation and service			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TONY GIORGIANNI			Vice-President Name		
Street Address 80 Dean Street			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name TONY GIORGIANNI		
Street Address 253 Main Street			Street Address 80 Dean Street		
City East Greenwich	State RI	Zip 02818	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TONY GIORGIANNI			Director Name		
Street Address 80 Dean Street			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Tony Giorgianni, President					Date 2/6/23
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov