



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

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STAMP

FOR
SECRETARY OF STATE
USE ONLY

2023 FEB 10 P 1:18

1. Entity ID Number 000148174		2. Exact name of the Corporation American Home Heating & Air Conditioning, Inc.									
3. Principal Office Address 8 Webb Street, Unit D		City Cranston		State RI	Zip 02920						
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Sales, Service & Installation of Heating and Air Conditioning Units										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Robert Paliotta, Jr.			Vice President Name								
Street Address 23 Carriage Way			Street Address								
City Johnston	State RI	Zip 02919	City	State	Zip						
Secretary Name Robert Paliotta, Jr.			Treasurer Name Robert Paliotta, Jr.								
Street Address 8 Webb Street, Unit D			Street Address 23 Carriage Way								
City Cranston	State RI	Zip 02919	City Johnston	State RI	Zip 02919						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	NO PAR
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100	CNP	NO PAR									
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 Robert Paliotta, Jr.					Date 2-23						
Signature of Authorized Representative 											

FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 11/2021