



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

MAR 03 2023

BY VV 634

1. Entity ID Number 000071949		2. Exact name of the Corporation VICMIR & Sons, Inc.			
3. Principal Office Address 10 Luray Street			City Riverside	State RI	Zip 02915
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Sale, design & installation of heating and conditioning systems; fabrication of metal duct products; and all components required for systems installation.				
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 Matthew O. Bergeron			Vice-President Name Victor E. Bergeron Jr.		
Street Address 10 Luray Street			Street Address 75 Winslow Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Victor E. Bergeron Sr.			Treasurer Name Victor E. Bergeron Sr.		
Street Address 10 Lincoln Street			Street Address 10 Lincoln Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Victor E. Bergeron Sr.			Director Name Victor E. Bergeron Jr.		
Street Address 10 Lincoln Street			Street Address 75 Winslow Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Matthew O. Bergeron			Director Name		
Street Address 10 Luray Street			Street Address		
City Riverside	State RI	Zip 02915	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
		300		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 Matthew O. Bergeron, President				Date 1-23-23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021