

Amended

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation→ Filing period: February 1st May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR 13 PM 3:17

1. Entity ID Number 000132404		2. Exact name of the Corporation Midstate HVAC & R/Oil, Inc.			
3. Principal Office Address 19 Beverly Ann Drive			City Hope Valley		State RI
					Zip 02832
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Installing and replacing heating, ventilating, air conditioning, cooling and refrigeration systems and equipment for residential and commerical purposes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Labelle			Vice-President Name Jennifer L. Labelle		
Street Address 19 Beverly Ann Drive			Street Address 19 Beverly Ann Drive		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Jennifer L. Labelle			Treasurer Name Dylan Labelle		
Street Address 19 Beverly Ann Drive			Street Address 19 Beverly Ann Drive		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel Labelle			Director Name Jennifer L. Labelle		
Street Address 19 Beverly Ann Drive			Street Address 19 Beverly Ann Drive		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Dylan Labelle			Director Name		
Street Address 19 Beverly Ann Drive			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
9. Shares Authorized 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"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	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 Daniel Labelle					Date 3-8-23
Signature of Authorized Representative <i>[Signature]</i>					

FILED 3/17
MAR 13 2023

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

BY _____



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 13, 2023 03:17 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

