



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 17 2023

BY 27191 DS

1. Entity ID Number 000074450		2. Exact name of the Corporation AIR CONTROL SHEET METAL, INC.			
3. Principal Office Address 655 Roosevelt Avenue		City Pawtucket		State RI	Zip 02861
4. NAICS Code 331315		6. Brief description of the character of business conducted in Rhode Island Fabrication, construction and erection of heating and ventilation systems			
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 Frank L. Craveiro, Jr.		Vice-President Name Frank L. Craveiro, Jr.			
Street Address 655 Roosevelt Avenue		Street Address 655 Roosevelt Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Frank L. Craveiro, Jr.		Treasurer Name Frank L. Craveiro, Jr.			
Street Address 655 Roosevelt Avenue		Street Address 655 Roosevelt Avenue			
City Pawtucket	State RI	Zip 02861	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 Frank L. Craveiro, Jr.		Director Name			
Street Address 655 Roosevelt Avenue		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 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 300		CLASS/SERIES Common	PAR VALUE 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 Frank L. Craveiro, President					Date 3/3/23
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