



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 22 2023

BY

1. Entity ID Number 6960		2. Exact name of the Corporation MANSFIELD HEATING, INC.												
3. Principal Office Address 37 EDWARD DRIVE			City EAST GREENWICH	State RI	Zip 02818									
4. NAICS Code 23822	6. Brief description of the character of business conducted in Rhode Island BUYING, SELLING AND MANUFACTURING OF HEATING UNITS AND SUPPLIES													
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 DEAN MANSFIELD			Vice-President Name KATHLEEN MANSFIELD											
Street Address 37 EDWARD DRIVE			Street Address 37 EDWARD DRIVE											
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818									
Secretary Name DEAN MANSFIELD			Treasurer Name KATHLEEN MANSFIELD											
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name DEAN MANSFIELD			Director Name KATHLEEN MANSFIELD											
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE											
City	State	Zip	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"/>												
		<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>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	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 DEAN MANSFIELD					Date JANUARY 25, 2023									
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