



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 05 2023
 BY 16308
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 000000925		2. Exact name of the Corporation American Refrigeration, Inc.				
3. Principal Office Address 58 Pinewood Drive			City North Providence	State RI	Zip 02904	
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island Service and sales of refrigeration, airconditioning and heating				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name DONNA M. DIPALMA			Vice-President Name FRANK P. DIPALMA			
Street Address 58 PINEWOOD DRIVE			Street Address 58 PINEWOOD DRIVE			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904	
Secretary Name VANESSA DIPALMA BOTTACHIARI			Treasurer Name FRANK P. DIPALMA			
Street Address 23 CITY VIEW CIRCLE			Street Address 58 PINEWOOD DRIVE			
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02904	
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		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	
		2,000		CNP	0	
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 Donna M. DiPalma				Date 4-3-23		
Signature of Authorized Representative <i>Donna M. DiPalma</i>						