



RI SOS Filing Number: 202333279030 Date: 4/18/2023 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

APR 18 2023
BY 50657
kgFOR
SECRETARY OF STATE
USE ONLY

| | | | | | |
|--|----------------------|---|---------------------------|-----------------------|---------------------|
| 1. Entity ID Number 1657 | | 2. Exact name of the Corporation Automatic Heating Equipment, Inc. | | | |
| 3. Principal Office Address 400 Charles Street | | City Providence | | State RI | Zip 02904 |
| 4. NAICS Code 42 - Wholesale Trade | | 6. Brief description of the character of business conducted in Rhode Island Buy and re sale of heating equipment. | | | |
| 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 Edward P. Garrahy, Jr. | | Vice-President Name Edward P. Garrahy, Jr. | | | |
| Street Address 400 Charles Street | | Street Address 400 Charles Street | | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| Secretary Name Edward P. Garrahy, Jr. | | Treasurer Name Edward P. Garrahy, Jr. | | | |
| Street Address 400 Charles Street | | Street Address 400 Charles Street | | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Edward P. Garrahy, Jr. | | Director Name None | | | |
| Street Address 400 Charles Street | | Street Address None | | | |
| City Providence | State RI | Zip 02904 | City None | State None | Zip None |
| Director Name None | | Director Name None | | | |
| Street Address None | | Street Address None | | | |
| City None | State None | Zip None | City None | State None | Zip None |
| 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 | | | |
| | | 100 | | Common | No Par |
| | | None | | None | None |
| 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 Edward P. Garrahy, Jr. | | | | Date 4-4-23 | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT HERE | |