RI SOS Filing Number: 202334201120 Date: 4/26/2023 4:00:00 PM

State of Rhode Isla
Department of

artment of State - Business Services Division

Annual Report for the year: 2023 Corporation

APR 26 2023 · 1220

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					BY 1301				
1. Entity ID Number 000109908		2. Exact name of the Corporation Cool Air Creations, Inc.							
3. Principal Office Address 10 BUSINESS PARK DRIVE			City SMITHFIEL	.D	State RI	Zip 02917			
4. NAICS Code	Brief descr	iption of the charact	ducted in Rhode Isla	and					
323113	TO PRO	TO PROVIDE PRINTING AND DESIGN SERVICES TO THE PUBLIC.							
5. State of Incorporation Rhode Island	TITLE: 7-	TITLE: 7-1.1-51							
7. List ALL officers (names and	addresses)		Is to a Promision at the		e box to inc	dicate an attachment			
President Name David Campbell			Vice-President Name						
Street Address 10 Business Park Drive			Street Address						
^{City} Smithfield	State RI	^{Z_{ip}} 02917	City		State	Zip			
Secretary Name David Camp				Treasurer Name David Campbell					
Street Address 10 Business Park Drive			Street Address 10 Business Park Drive						
^{City} Smithfield	State RI	^{Zip} 02917	City Smithfiel	ld	State RI	^{Zip} 02917			
8. List ALL directors (names an	id addresses)		Is:	Check th	ne box to inc	dicate an attachment 🗖			
David Camp	bell		Director Name						
Street Address 10 Business	Park Drive	•	Street Address						
^{City} Smithfield	State RI	^{Zip} 02917	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
		10. Shares Iss		Check th	ne box to inc	dicate an attachment 🔲			
This information is currently of record in the Department of State. Changes require an additional filing.		100			T	PAR VALUE			
		100	100			no par value			
11. This report must be execute trustee, this report must be executed Under penalty of perjury, I de	ecuted on behalf of eclare and affirm	the corporation by that I have examine	the receiver or trust ad this report, incl	lee.					
statements, and that all state Name of Authorized Represent		nerein are true an	a correct.		Date				
David Campbell			니 니	21/23					
Signature of Authorized Repres	sentative	<u> </u>		· ——					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov