

SYNE200 08/18/2023 4:16 PM

State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
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

DEC 12 2023

BY 17196
DS

1. Entity ID Number <u>1748041</u>		2. Exact name of the Corporation SYNERGY REFRIGERATION INC			
3. Principal Office Address 1520 AIRPORT DRIVE			City BALL GROUND	State GA	Zip 30107
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation GA		REFRIGERATION CONT			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ANDREW P. ROBINETTE			Vice-President Name DOUGLAS D. SWEET		
Street Address 295 DELONG ROAD			Street Address 115 BEAVER COURT		
City WAVERLY	State IL	Zip 62692	City WALESKA	State GA	Zip 30183
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		1000	COMMON	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					Date
Signature of Authorized Representative DOUG SWEET					

MAIL TO:

Division of Business Services

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

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