



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 02 2024

163270

1. Entity 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, air conditioning and heating equipment.			
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 02904	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 1-31-24
Signature of Authorized Representative <i>Donna M. DiPalma</i>					