



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

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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. Entity ID Number 63858 | | 2. Exact name of the Corporation American Climate Technology, Inc. | | | |
| 3. Principal Office Address 3 Buckboard Drive | | | City Cumberland | State RI | Zip 02864 |
| 4. NAICS Code 423730 | | 6. Brief description of the character of business conducted in Rhode Island Sales and distribution of heating and cooling systems | | | |
| 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 Najib G. Hana | | | Vice-President Name Seda Hana | | |
| Street Address 3 Buckboard Drive | | | Street Address 3 Buckboard Drive | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Najib G. Hana | | | Treasurer Name Najib G. Hana | | |
| Street Address 3 Buckboard Drive | | | Street Address 3 Buckboard Drive | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Najib G. Hana | | | Director Name Seda Hana | | |
| Street Address 3 Buckboard Drive | | | Street Address 3 Buckboard Drive | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 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 |
| | | 20 | | common | no par |
| 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 Seda Hana | | | | | Date 2-11-2024 |
| Signature of Authorized Representative <i>Seda Hana</i> | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov