



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

STAMP
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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:
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