



**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.

**FILED**

FEB 20 2024

BY

|  |                    |  |   |                           |                     |
|--|--------------------|--|---|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000787907</b>  |                    | 2. Exact name of the Corporation<br><b>Regan Residential Heating &amp; Air Conditioning</b>                        |   |                           |                     |
| 3. Principal Office Address<br><b>16 Hylestead St</b>  |                    | City<br><b>Providence</b>  |   | State<br><b>RI</b>        | Zip<br><b>02905</b> |
| 4. NAICS Code<br><b>238200</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>HVAC work &amp; installation</b> |   |                           |                     |
| 5. State of Incorporation<br><b>RI</b>   |                    |  |   |                           |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                           |                     |
| President Name<br><b>Quinlan T Regan</b>   |                    |  | Vice-President Name<br><b>Joyce Regan</b>   |                           |                     |
| Street Address<br><b>163 Pine Glen Dr</b>  |                    |  | Street Address<br><b>same</b>   |                           |                     |
| City<br><b>E Greenwich</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>  | City  | State                     | Zip                 |
| Secretary Name<br><b>Joyce Regan</b>   |                    |  | Treasurer Name<br><b>Quinlan T Regan</b>  |                           |                     |
| Street Address<br><b>same</b>  |                    |  | Street Address<br><b>same</b>   |                           |                     |
| City   | State              | Zip  | City  | State                     | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                           |                     |
| Director Name<br><b>Quinlan T Regan</b>  |                    |  | Director Name<br><b>Joyce Regan</b>   |                           |                     |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                           |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |                           | CLASS-SERIES        |
|  |                    |  | 100   |                           | PAR VALUE           |
|  |                    |  |   |                           | .01                 |
| 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.<br><b>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.</b> |                    |  |   |                           |                     |
| Name of Authorized Representative<br><b>Joyce Regan</b>  |                    |  |   | Date<br><b>02/15/2024</b> |                     |
| Signature of Authorized Representative<br>   |                    |  |   |                           |                     |