Marie Park

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 2 0 2024
BY 12235

Entity ID Number	2. Exact name of the Corporation						
52916	Regan Heating & Air Conditioning, Inc						
3. Principal Office Address		·	City		State	Zip	
16 Hylestead St	ylestead St			ce	RI	02905	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238200	HVAC work & installation						
5 State of Incerporation	1						
7. List ALL officers (names and addresses) Check the box to indicate an attachment I							
President Name Quinlan T Regan			Vice-President Name Joyce Regan				
Street Address 163 Pine Glen Dr			Street Address same				
City E Greenwich	State RI	^{Zip} 02818	City		State	Zıp	
Secretary Name Joyce Regan			Treasurer Nam	Treasurer Name Quinlan T Regan			
Street Address Same			Street Address	Street Address Same			
City	State	Zip	City	• • • • • • • • • • • • • • • • • • • •	State	Zıp	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name Quinlan T Regan			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	Zφ	
9. Shares Authorized	1	10. Shares Issued Check t		Check the b	the box to indicate an attachment		
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES	ASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		400			12.50		
							
11. This report must be executed o	n behalf of the c	orporation by an a	uthorized repres	entative. If the corpo	ration is in the	hands of a re-	
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		
Joyce Regan					02/15/2024		
Signature of Authorized Represent	ative						
An Ex							

MAIL TÓ: Division of Businese Services 148 W. Reser Sireet, Providence, Priode Island 02904-2615