



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.

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STAMP
FOR
CLERK OF STATE
USE ONLY

1. Entity ID Number 000098556		2. Exact name of the Corporation SOUTHERN HOLDINGS, INC.			
3. Principal Office Address 197 JP MURPHY HIGHWAY			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island DEALING WITH ALL KINDS OF HEATING, VENTILATION AND AIR CONDITIONING APPARATUS AND 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 THOMAS A. VESSELLA			Vice-President Name THOMAS A. VESSELLA		
Street Address 197 JP MURPHY HIGHWAY			Street Address 197 JP MURPHY HIGHWAY		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name THOMAS A. VESSELLA			Treasurer Name THOMAS A. VESSELLA		
Street Address 197 JP MURPHY HIGHWAY			Street Address 197 JP MURPHY HIGHWAY		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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		
			200	COMMON	NONE
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 <i>Thomas A Vessella</i>				FILED	Date 02/19/2024
Signature of Authorized Representative <i>[Signature]</i>				MAR 04 2024	

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

BY *ADSTE*

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