



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

MAR 06 2024

2573802

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.

1. Entity ID Number 000073339		2. Exact name of the Corporation Valley Repair, Inc.			
3. Principal Office Address 98 Kenyon Hill Trail			City Wyoming	State RI	Zip 02898
4. NAICS Code 811412		6. Brief description of the character of business conducted in Rhode Island Deal in all kinds of appliances, parts, components, etc., refrigeration equipment, HVAC systems and electronic devices			
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 Thomas D. Rekowski			Vice-President Name Thomas D. Rekowski		
Street Address 98 Kenyon Hill Trail			Street Address 98 Kenyon Hill Trail		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name Thomas D. Rekowski			Treasurer Name Thomas D. Rekowski		
Street Address 98 Kenyon Hill Trail			Street Address 98 Kenyon Hill Trail		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
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		PAR VALUE
			CLASS/SERIES		
			100	Common	\$1.00
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 Thomas D. Rekowski					Date 2/22/2024
Signature of Authorized Representative <i>Thomas D. Rekowski</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