



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

MAR 07 2024

BY 1592
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1. Entity ID Number 000074450		2. Exact name of the Corporation AIR CONTROL SHEET METAL, INC.			
3. Principal Office Address 655 Roosevelt Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 331315		6. Brief description of the character of business conducted in Rhode Island Fabrication, construction and erection of heating and ventilation 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 Frank L. Craveiro, Jr.			Vice-President Name Frank L. Craveiro, Jr.		
Street Address 655 Roosevelt Avenue			Street Address 655 Roosevelt Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Frank L. Craveiro, Jr.			Treasurer Name Frank L. Craveiro, Jr.		
Street Address 655 Roosevelt Avenue			Street Address 655 Roosevelt Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank L. Craveiro, Jr.			Director Name		
Street Address 655 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	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	
		300		Common	
				PAR VALUE	
				No par value	
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 Frank L. Craveiro, President					Date 2/25/24
Signature of Authorized Representative <i>Frank Craveiro Jr</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov