RI SOS Filing Number: 202448463610 Date: 3/12/2024 4:00:00 PM

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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	
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BY 1397	3

1. Entity ID Number	2. Exact nam	ne of the Corporation	n				<u> </u>	
000132404	Midstate	Midstate HVAC & R/Oil, Inc.						
3. Principal Office Address 19 Beverly Ann Drive			City Hope Va	lley	State RI		Zip 02832	
4. NAICS Code 238220 5. State of Incorporation	Installing	6. Brief description of the character of business conducted in Rhode Island Installing and replacing heating, ventilating, air conditioning, cooling and refrigeration systems and equipment for residential and commercial purposes						
RI	l	* · / -	·		***	31110110	G. P P	
7. List ALL officers (names and	d addresses)			Ch	eck the box to	indicate	an attachment 🔲	
President Name Daniel Labelle			Vice-President Name Dylan Labelle					
Street Address 19 Beverly Ann Drive			Street Address 19 Beverly Ann Drive					
^{City} Hope Valley	State RI	^{Zip} 02832	City Hope	^{City} Hope Valley		1	^{Zip} 02832	
Secretary Name Jennifer Labelle			Treasurer Name Tyler Labelle					
Street Address 19 Beverly Ann Drive			Street Address 19 Beverly Ann Drive					
^{City} Hope Valley	State RI	^{Zip} 02832		^{City} Hope Valley		l	^{Zip} 02832	
8. List ALL directors (names ar	nd addresses)			Ch	eck the box to	indicate	an attachment	
Director Name Daniel Labelle			Director Name Jennifer L. Labelle					
Street Address 19 Beverly Ann Drive			Street Address 19 Beverly Ann Drive					
^{City} Hope Valley	State RI	^{Zip} 02832	City Hope Valley		State R	[^{Zip} 02832	
Director Name Dylan Labelle			Director Name Tyler Labelle					
Street Address 19 Beverly Ann Drive			Street Address 19 Beverly Ann Drive					
^{City} Hope Valley	State RI	^{Zip} 02832	City Hope Valley		State R	1	^{Zip} 02832	
9. Shares Authorized		10. Shares Iss	- · · · · · · · · · · · · · · · · · · ·		ck the box to indicate an attachment			
This information is currently of record in the		NUMBER OF	NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		600		Commoi	on No Pa		Par	
11. This report must be execut trustee, this report must be exe					orporation is in	the hand	ds of a receiver or	
Under penalty of perjury, I de	eclare and affirm t	that I have examin	ed this report, i	including any ac	companying s	chedule	es and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
Daniel Labelle		3-824						
Signature of Authorized Repre	sentative							

MAIL 70:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov