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

FILED STAMP
MAR 22 2024
BY 15547 DS

**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 | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 6960 | Mansfield Heating, Inc | | |
| 3. Principal Office Address | City | State | Zip |
| 37 Edward Drove | East Greenwich | RI | 02818 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 238221 | Buying, selling and manufacturing of heating units and supplies | | |
| 5. State of Incorporation | | | |
| Rhode Island | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Dean Mansfield | Kathleen Mansfield |
| Street Address: 37 Edward Drive | Street Address: 37 Edward Drive |
| City: East Greenwich, State: RI, Zip: 02818 | City: East Greenwich, State: RI, Zip: 02818 |
| Secretary Name: Dean Mansfield | Treasurer Name: Kathleen Mansfield |
| Street Address: Same as above | Street Address: Same as above |
| City, State, Zip | City, State, Zip |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| Dean Mansfield | Kathleen Mansfield |
| Street Address: Same as above | Street Address: Same as above |
| City, State, Zip | City, State, Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | Common | No Par |
| | | |

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 |
|---|---|
| Dean Mansfield | January 25, 2024 |

Signature of Authorized Representative

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

FORM 630- Revised: 12/2023