RI SOS Filing Number: 202450666520 Date: 4/10/2024 4:00:00 PM

State of Rhode Island Department of St		s Services D	Division		<b>.</b>			
Annual Report for the year: 2024				•	APR 10	2024	<b>0</b> /	
Annual Report for the year: 2024  Corporation  Filling period: February 1 - May 1								
Filing Fee: \$50.00	(	ノド	14					
Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number	2. Exact name of the Corporation							
1702280 Patriot Thermal Controls, Inc.  3. Principal Office Address   City   State   IZip								
Principal Office Address     Gilbane Street					State	)	Zip	
			Warwi		RI	_	02886	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
238990	Heat tracing, HVAC, sheet metal, construction, management and project							
5. State of Incorporation Rhode Island	management any any other lawful purpose.							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment  Vice-President Name				
John Caruso				None				
Street Address 67 Gilbane Street			Street Address					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City		State		Zip	
Secretary Name John Caruso			Treasurer Name John Caruso					
Street Address 67 Gilbane Street			Street Address 67 Gilbane Street					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City Warwick		State	State RI		
List ALL directors (names and addresses)  Director Name				Check the	box to inc	icate an att	achment 🗆	
None			Director Name None					
Street Address			Street Address					
City	State	Zip	City		State	State		
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Žip	City	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	State		Zip	
9. Shares Authorized	·	10. Shares Issue		Check th	e box to inc	dicate an att	achment 🔲	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
Changes require an additional filing.		200		Common No Par				
11. This report must be executed on behalf of the corporation by an author				donostativo létho so				
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							,	
John Caruso						4/5,	124	
Signature of Authorized Representative								
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

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