

State of Rhode Island :

## **Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation

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FILEDAP

APR \$ 3 2024

$\rightarrow$	Filing	period:	February	/ 1	-	May	1
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2 Exact name	of the Comoration	<u> </u>		_				
102399	2. Exact name of the Corporation  Mercury Tec, Inc.								
3. Principal Office Address	Wichdary	100, 1110.	City		State	Zip			
3. Principal Office Address 33. Curtis Street			1 7	st Providence RI		02914			
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island							
238220	The opera	The operation of a hearting, ventilation and air conditioning business, services							
5. State of Incorporation RHODE ISLAND		and sales of HVAC machinery and equipment.							
7. List ALL officers (names and	addresses)	······································		Check	the box to i	ndicate an attachment 🔲			
President Name Douglas L. A	Vice-President Name Douglas L. Ainley								
Street Address 33 Curtis Street Street Street Address 33 Curtis Street						State RI Zip 02914			
<sup>City</sup> East Providence	State RI	<sup>Zip</sup> 02914		City East Providence		<sup>Zip</sup> 02914			
Secretary Name Douglas L. A	Treasurer Name Douglas L. Ainley								
Street Address 33 Curtis Stre	Street Address 33 Curtis Street								
<sup>City</sup> East Providence	State RI	<sup>Zip</sup> 02914	City East Providence		State RI	<sup>Zip</sup> 02914			
8. List ALL directors (names and	addresses)	•		Check	the box to i	ndicate an attachment 🗖			
Douglas L. Ai	Director Name								
Street Address 33 Curtis Stre	Street Address								
City East Providence	State RI	<sup>Zip</sup> 02914	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City	-	State	Zip			
9. Shares Authorized		10. Shares Issu	neq			ndicate an attachment			
This information is currently of record in the Dopartment of State.		NUMBER OF	SHARES	CLASS/SERIES		None PAR VALUE			
Changes require an additional fili	ក់ <b>g.</b> ·								
11. This report must be executed					oration is in t	the hands of a receiver or			
trustee, this report must be exec Under penalty of perjury, I dec statements, and that all states.	lare and affirm ti	hat I have examine	d this report, i		mpanying s	chedules and			
Name of Authorized Representa		<u>ाचा चारा वाच धायस्य विशि</u>	u cuitect.		Date _	1 /			
DONGLAS L. AINLEY,					d	/12/24			
Signature of Authorized Represe	entative				1 8	7			

MAIL TO: Division of Business Services

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

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