



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

MAR 18 2024

Annual Report for the year: 2024

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY CU# 32517

1. Entity ID Number 65778		2. Exact name of the Corporation Summit Heating Service, Inc.	
3. Principal Office Address 394 Mishnock Road		City West Greenwich	State RI
		Zip 02817	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Service to heating plants and sales		
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 James W. Halpin II		Vice-President Name None	
Street Address 394 Mishnock Road		Street Address	
City West Greenwich	State RI	City	State
Zip 02817		Zip	
Secretary Name James W. Halpin II		Treasurer Name James W. Halpin	
Street Address 394 Mishnock Road		Street Address 394 Mishnock Road	
City West Greenwich	State RI	City West Greenwich	State RI
Zip 02817		Zip 02817	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name James W. Halpin II		Director Name None	
Street Address 394 Mishnock Road		Street Address	
City West Greenwich	State RI	City	State
Zip 02817		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES 400	CLASS/SERIES Common
		PAR VALUE 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. <i>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.</i>			
Name of Authorized Representative James W. Halpin, President		Date 2/26/24	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

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: 10/2014

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BY CU# 32547