RI SOS Filing N	lumhar: 2024!	EE338830 [72ta: 5/3	31/2024 10:06:00 AM	1 1		
State of Rhode Islan Department of St	nd					VAR RECO	
Annual Report for the year: Corporation	Alvier.	3 18 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
→ Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f			0:05:1	CS STATE SBSD			
000695107	2. Exact name of	of the Corporation N Services C		ation			
Principal Office Address 12999 St Charles Rock Ro			City Bridge		State MO	Zip 63044	
4. NAICS Code			er of busine	ess conducted in Rhode Isla	sland		
811310	Service and	Service and Installation of Commercial Refrigeration Equipment					
5. State of Incorporation Delaware							
7. List ALL officers (names and add				Check the box	x to indicate an att	tachment 🔲	
Limothy Figge	· —————		Vice-Presi	sident Name NONE			
Street Address 12999 St Charle			Street Add	NONE			
City Bridgeton	State MO	^{Zip} 63044	City NO	NE .	State NONE	Zip NONE	
Secretary Name Eileen Petito			Treasurer	Cathey Haigh	<u> </u>		
Street Address 12999 St Charle	es Rock Road	<u> </u>	Street Add	dress 12999 St Charle	 es Rock Roac		
^{City} Bridgeton	State MO	^{Zip} 63044	City Brid	dgeton	State MO	Zip 63044	
8. List ALL directors (names and ad	Idresses)			Check the box	x to indicate an atta		
I Imothy Figge			Director Na	Cathey Haigh			
	12999 St Charles Rock Road			12999 St Charles	s Rock Road	_ _	
Bridgeton	State MO	03044		dgeton	State MO	Zip 63044	
Director Name Eileen Petito			Director Na	NONE		16	
Street Address 12999 St Charles Rock Road			Street Addr	ress NONE			
Dridgeton	State MO	^{Zip} 63044	City NONE		State NONE	Zip NONE	
9. Shares Authorized This information is currently of record		10. Shares Issued	d	Check the box	x to indicate an atta	tachment [
Department of State.		NUMBER OF SHA	ARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.	-	NONE		NONE	\$1.00		
11. This report must be executed on ceiver or trustee, this report must be	behalf of the como	oration by an author	norized rep	presentative If the service	NONE tion is in the hands	ls of a re-	

11. This ceiver o

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

Cathey Haigh

Signature of Authorized Representative

WY FILED 1006

2135139

MAY 31 2024

MAIL TO:

Division of Business Services

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

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