



State of Rhode Island  
Department of State - Business Services Division

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.

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1. Entity ID Number <b>1744383</b>		2. Exact name of the Corporation <b>A-TECH/SUBURBAN, INC.</b>	
3. Principal Office Address <b>14 MCFADDEN RD</b>		City <b>PALMER</b>	State <b>PA</b>
		Zip <b>18045</b>	
4. NAICS Code <b>423390</b>	6. Brief description of the character of business conducted in Rhode Island <b>WAREHOUSE / DISTRIBUTOR</b>		
5. State of Incorporation <b>PA</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KENNETH HEID</b>		Vice-President Name <b>F. SCOTT SCHMIDT</b>	
Street Address <b>14 MCFADDEN RD</b>		Street Address <b>14 MCFADDEN RD</b>	
City <b>PALMER</b>	State <b>PA</b>	City <b>PALMER</b>	State <b>PA</b>
Zip <b>18045</b>		Zip <b>18045</b>	
Secretary Name <b>KENNETH HEID</b>		Treasurer Name <b>F. SCOTT SCHMIDT</b>	
Street Address <b>SEE ABOVE</b>		Street Address <b>SEE ABOVE</b>	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>KENNETH HEID</b>		Director Name <b>F. SCOTT SCHMIDT</b>	
Street Address <b>SEE ABOVE</b>		Street Address <b>SEE ABOVE</b>	
City	State	City	State
Zip		Zip	
Director Name <b>N/A</b>		Director Name <b>N/A</b>	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>10</b>
			PAR VALUE
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. <b>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.</b>			
Name of Authorized Representative <b>F. SCOTT SCHMIDT</b>		Date	
Signature of Authorized Representative 		<b>FILED</b>	

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

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BY ML 11714

FORM 630- Revised 12/2023