



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

**FILED**

JUN 24 2024

BY *8415*

1. Entity ID Number <b>1657</b>		2. Exact name of the Corporation <b>Automatic Heating Equipment, Inc.</b>			
3. Principal Office Address <b>400 Charles Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>42 - Wholesale Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Buy and re sale of heating equipment.</b>			
5. State of Incorporation <b>Rhode Island</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>Edward P. Garrahy, Jr.</b>			Vice-President Name <b>Edward P. Garrahy, Jr.</b>		
Street Address <b>400 Charles Street</b>			Street Address <b>400 Charles Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Edward P. Garrahy, Jr.</b>			Treasurer Name <b>Edward P. Garrahy, Jr.</b>		
Street Address <b>400 Charles Street</b>			Street Address <b>400 Charles Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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>Edward P. Garrahy, Jr.</b>			Director Name <b>None</b>		
Street Address <b>400 Charles Street</b>			Street Address <b>None</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
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	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par</b>
			<b>None</b>	<b>None</b>	<b>None</b>
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 <b>Edward P. Garrahy, Jr.</b>					Date <b>6-19-24</b>
Signature of Authorized Representative <i>Edward P. Garrahy, Jr.</i>					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