



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.

JUL 16 2024

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1. Entity ID Number 000713826		2. Exact name of the Corporation Vincent Heating & Air, Inc.												
3. Principal Office Address 85 Johnson Road			City Foster	State RI	Zip 02825									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island To Provide Heating & Air Conditioning Services												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Vincent Saccoccio			Vice-President Name Alexander G. Saccoccio											
Street Address 85 Johnson Road			Street Address 4 1/2 Walker Road #44											
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825									
Secretary Name Kenneth Larkin			Treasurer Name Vincent Saccoccio											
Street Address 1012 Tiogue Ave, #30			Street Address 85 Johnson Road											
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Vincent Saccoccio			Director Name											
Street Address 85 Johnson Road			Street Address											
City Foster	State RI	Zip 02825	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	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 ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	.0100			
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1000	STK	.0100												
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 Vincent Saccoccio - President				Date 7/11/2024										
Signature of Authorized Representative 														

MAIL TO:

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