



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 03 2025

BY

Handwritten signature

1. Entity ID Number 1702280		2. Exact name of the Corporation Patriot Thermal Controls, Inc.												
3. Principal Office Address 67 Gilbane Street			City Warwick	State RI	Zip 02886									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Heat tracing, HVAC, sheet metal, construction, management and project management any any other lawful purpose.												
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 John Caruso			Vice-President Name None											
Street Address 67 Gilbane Street			Street Address											
City Warwick	State RI	Zip 02886	City	State	Zip									
Secretary Name John Caruso			Treasurer Name John Caruso											
Street Address 67 Gilbane Street			Street Address 67 Gilbane Street											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
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 <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	Common	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.														
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 John Caruso				Date ✓ 1/29/25										
Signature of Authorized Representative <i>Handwritten signature</i>														

MAIL TO:
Division of Business Services
145 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov