



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.

REC'D RI SOS ECD
 25 FEB 5 AM 10:54:12

1. Entity ID Number 000034254		2. Exact name of the Corporation PREFERRED HEAT, INC.			
3. Principal Office Address P.O. Box 9586			City Providence	State RI	Zip 02940
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Sales, Installation, Service & Maintenance of Heating and Air-Conditioning Units and other related services.			
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 DENNIS A. BROPHY			Vice-President Name PATRICIA A. BROPHY		
Street Address 125 Ridge Road			Street Address 125 Ridge Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name PATRICIA A. BROPHY			Treasurer Name DENNIS A. BROPHY		
Street Address 125 Ridge Road			Street Address 125 Ridge Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 DENNIS A. BROPHY					Date 1-20-2025
Signature of Authorized Representative <i>Dennis A. Brophy</i> FILED					

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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CBV BY ZW02J

FORM 630- Revised 12/2023