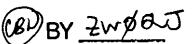
RI SOS Filing Number: 202564438020 Date: 2/5/2025 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2025 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number Exact name of the Corporation 000034254 PREFERRED HEAT, INC. 3. Principal Office Address State City 02940 P.O. Box 9586 Providence RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 238220 Sales, Installation, Service & Maintenance of Heating and 5. State of Incorporation Air-Conditioning Units and other related services. RHODE ISLAND Check the box to indicate an attachment 7. List ALL officers (names and addresses) Vice-President Name PATRICIA A. BROPHY President Name **DENNIS A. BROPHY** Street Address 125 Ridge Road Street Address 125 Ridge Road State State **Smithfield** RI 02917 **Smithfield** RI 02917 Treasurer Name DENNIS A. BROPHY Secretary Name PATRICIA A. BROPHY Street Address 125 Ridge Road Street Address 125 Ridge Road State <sup>Ζίρ</sup> 02917 State <sup>дір</sup> 02917 RI RI **Smithfield Smithfield** 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name NONE NONE Street Address Street Address Zip State City State Zip City Director Name Director Name NONE NONE Street Address Street Address City State Zip City State Zip 10. Shares Issued Check the box to indicate an attachment Shares Authorized NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Department of State. 100 NO PAR COMMON Changes require an additional filing. 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. Date Name of Authorized Representative DENNIS A. BROPHY - 20-2026

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



FEB 05 2025