



State of Rhode Island  
Department of State - Business Services Division

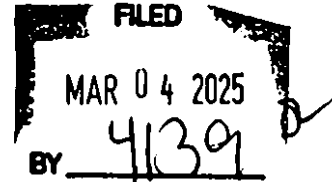
Annual Report for the year: 2025

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 000132404		2. Exact name of the Corporation Midstate HVAC & R/Oil, Inc.	
3. Principal Office Address 19 Beverly Ann Drive		City Hope Valley	State RI
		Zip 02832	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Installing and replacing heating, ventilating, air conditioning, cooling and refrigeration systems and equipment for residential & commercial		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Daniel Labelle		Vice-President Name Dylan Labelle	
Street Address 19 Beverly Ann Drive		Street Address 19 Beverly Ann Drive	
City Hope Valley	State RI	City Hope Valley	State RI
Zip 02832		Zip 02832	
Secretary Name Jennifer Labelle		Treasurer Name Tyler Labelle	
Street Address 19 Beverly Ann Drive		Street Address 19 Beverly Ann Drive	
City Hope Valley	State RI	City Hope Valley	State RI
Zip 02832		Zip 02832	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Daniel Labelle		Director Name Jennifer Labelle	
Street Address 19 Beverly Ann Drive		Street Address 19 Beverly Ann Drive	
City Hope Valley	State RI	City Hope Valley	State RI
Zip 02832		Zip 02832	
Director Name Dylan Labelle		Director Name Tyler Labelle	
Street Address 19 Beverly Ann Drive		Street Address 19 Beverly Ann Drive	
City Hope Valley	State RI	City Hope Valley	State RI
Zip 02832		Zip 02832	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
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. <b>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.</b>			
Name of Authorized Representative Daniel Labelle		Date 2.26.25	
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