

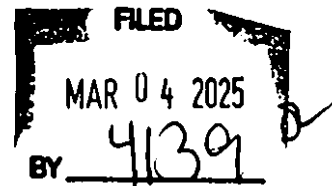


State of Rhode Island
Department of State - Business Services Division

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) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02832	City Hope Valley	State RI	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	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02832	City Hope Valley	State RI	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	Zip 02832	City Hope Valley	State RI	Zip 02832
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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			
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 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