State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2025
BY B33365

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	2. Exact name of the Corporation
000041970	AERO MECHANICAL, INC.

3. Principal Office Address	City	State	Zip
10 Leah Street	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	HVAC, plumbing and mechanical contractor
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael R. Machado	John Cronin
Street Address: 10 Leah Street	Street Address: 10 Leah Street
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Secretary Name: Michael R. Machado	Treasurer Name: Michael R. Machado
Street Address: 10 Leah Street	Street Address: 10 Leah Street
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Michael R. Machado	
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	No 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	Date
Michael R. Machado	2/21/25

Signature of Authorized Representative: Michael Machado

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov