RI SOS Filing Number: 202566735550 Date: 3/7/2025 4:00:00 PM

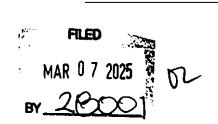
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## State of Rhode Island

**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.                     |   |                                 |                                     |                           |                     |                   |                                    |  |  |
|---|---|---------------------------------|-------------------------------------|---------------------------|---------------------|-------------------|------------------------------------|--|--|
| Entity ID Number  | 2. Exact name of the Corporation  |                                 |                                     |                           |                     |                   |                                    |  |  |
| 000074450   | AIR CONTROL SHEET METAL, INC.   |                                 |                                     |                           |                     |                   |                                    |  |  |
| Principal Office Address  | City  |                                 |                                     |                           | State               |                   | Zip                                |  |  |
| 655 Roosevelt Avenue  |   |                                 | Pawtu                               | Pawtucket                 |                     |                   | 02861                              |  |  |
| 4. NAICS Code   | Brief description of the character of business conducted in Rhode Island  |                                 |                                     |                           |                     |                   |                                    |  |  |
| 331315  | Fabrication, construction and erection of heating and ventilation systems |                                 |                                     |                           |                     |                   |                                    |  |  |
| 5. State of Incorporation   | 1   |                                 |                                     |                           |                     |                   |                                    |  |  |
| Rhode Island  | ]   |                                 |                                     |                           |                     |                   |                                    |  |  |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachment |   |                                 |                                     |                           |                     |                   |                                    |  |  |
| President Name Frank L. Crave   | eiro, Jr. Vice-President Name Fra   |                                 |                                     |                           | nk L. Craveiro, Jr. |                   |                                    |  |  |
| Street Address 655 Roosevelt A  |   |                                 | Street Address 655 Roosevelt Avenue |                           |                     |                   |                                    |  |  |
| <sup>City</sup> Pawtucket   | State RI  | <sup>Z<sub>ip</sub></sup> 02861 | Pawtucket                           |                           | State               | RI                | <sup>Ζ<sub>ιρ</sub></sup><br>02861 |  |  |
| Secretary Name Frank L. Crave   |   |                                 |                                     |                           |                     |                   |                                    |  |  |
| Street Address 655 Roosevelt Avenue   |   |                                 | Street Address 655 Roosevelt Avenue |                           |                     |                   |                                    |  |  |
| <sup>City</sup> Pawtucket   | State RI  | <sup>Zip</sup> 02861            | City Pawtucket                      |                           | State               | State RI Zip 0286 |                                    |  |  |
| 8. List ALL directors (names and ac   | ddresses)   |                                 |                                     | Check the b               | ox to ind           | icate an att      | achment 🔲                          |  |  |
| Pirector Name Frank L. Craveiro, Jr.  |   |                                 |                                     |                           |                     |                   |                                    |  |  |
| Street Address 655 Roosevelt Avenue   |   | Street Address                  |                                     |                           |                     |                   |                                    |  |  |
| <sup>City</sup> Pawtucket   | State RI  | <sup>Zıp</sup> 02861            | City                                |                           | State               |                   | Zıp                                |  |  |
| Director Name   |   | <del>1.</del>                   | Director Name                       |                           |                     |                   |                                    |  |  |
| Street Address  |   |                                 | Street Address                      |                           |                     |                   |                                    |  |  |
| City  | State   | Zip                             | City                                |                           | State               |                   | Zıp                                |  |  |
| 9. Shares Authorized  | 10. Shares Issued Check the box to indicate a                             |                                 |                                     |                           |                     | licate an at      | tachment $\square$                 |  |  |
| This information is currently of record in the NUMBER OF                            |   | NUMBER OF S                     |                                     |                           |                     |                   |                                    |  |  |
| Department of State. 300 Changes require an additional filing.                      |   | 300                             |                                     | Common                    |                     | No par value      |                                    |  |  |
|   |   |                                 |                                     |                           |                     |                   |                                    |  |  |
| 11. This report must be executed o ceiver or trustee, this report must be           | n behalf of the c   | orporation by an au             | thorized rep                        | presentative. If the corp | oration is          | in the hand       | ds of a re-                        |  |  |
| Under penalty of perjury, I declar  | re and affirm th  | at I have examined              | l this repor                        | t, including any acco     | npanyin             | g schedule        | es and                             |  |  |
| Statements, and that all statements contained herein are true and correct.          |   |                                 |                                     |                           |                     |                   |                                    |  |  |
| Frank L. Craveiro, Jr., President   |   |                                 |                                     |                           | Date 2/14/25        |                   |                                    |  |  |
| Signature of Authorized Representative  |   |                                 |                                     |                           |                     |                   |                                    |  |  |
| MAIL TO:  |   |                                 |                                     |                           |                     |                   |                                    |  |  |
| male IV. V  | <i>-</i>  |                                 |                                     |                           |                     |                   |                                    |  |  |

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov