RI SOS Filing Number: 202568946260 Date: 4/2/2025 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2025					FILED	
					APR 02 2025	
Corporation → Filing period: February → Filing Fee: \$50.00	•			(P)	BY_	5725
→ Penalty: Additional \$25. 1. Entity ID Number	00 fee if form is no 2. Exact nam	of filed by May 31. e of the Corporation	<u> </u>			<u></u>
6960		Mansfield Heating, Inc.				
3. Principal Office Address			City		State	Zip
37 Edward Drive			East Greenwich		RI	02818
4. NAICS Code	6. Brief descr	iption of the charact	er of business of	conducted in Rhod	e Island	<u></u>
23822		Buying, selling and manufacturing of heating units ar				plies
5. State of Incorporation		oming arra man	<u></u>	3	•	•
Rhode Island	}					
	addrassas)			Check the	box to indic	ate an attachment C
7. List ALL officers (names and addresses) President Name Dean Mansfield			Vice-President Name Kathleen Mansfield			
City East Greenwich	State RI	^{Zip} 02818	City East C	City East Greenwich		Zip 02818
Secretary Name Dean Mansfield			Treasurer Name Kathleen Mansfield			
Street Address Same as ab				s Same as abo		
City	State	Zip	City		State Zip	
				Ch - do the	- hauta indi	note an attachment F
8. List ALL directors (names ar	nd addresses)		Director Nam			cate an attachment [
Dean Mansf	Kathleen Mansfield					
Street Address Same as above			Street Address Same as above			
City	State	Zip	City		State Zip	
Director Name	<u></u>		Director Nam	e		
Street Address	Street Address					
IC to to			IZip City		State	- Zip
City	State	Zip	City	_		
9. Shares Authorized		10. Shares Iss				icate an attachment
This information is currently of record in the		NUMBER O	F SHARES	CLASS/SERIES		T
Department of State.		100		Common No Par		NO Par
Changes require an additional filing.						
11. This report must be execu-	ted on behalf of the	corporation by an a	authorized repre	esentative. If the co	orporation is	in the hands of a re-
La division de la contra dela contra de la contra del la cont	uct he executed or	hehalf of the como	iration by the re	ceiver or trustee.		
Under penalty of perjury, I d	leciare and affirm	that I have examin	ed this report,	menung any ac		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	•

Signature of Authorized Representative

Division of Business Services

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

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

Dean Mansfield

By ATTO mes

January 27, 2025