

State of Rhode Island Department of State - Business Services Division

FILED

APR **02** 2025

(en)	BY_	15	725
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Annual Report for the year:	2025
Corporation	

→ Filing period: February 1 - May 1

→ Penalty: Additional \$25	00 fee if form is no	t filed by May 31.		•						
Entity ID Number		2. Exact name of the Corporation								
6960	Mansfield	Mansfield Heating, Inc.								
3. Principal Office Address			City	City		1	Zip			
37 Edward Drive			East G	reenwich	RI		02818			
4. NAICS Code				s conducted in Rhode						
23822	Buying, se	Buying, selling and manufacturing of heating units and supplies								
5. State of Incorporation	7									
Rhode Island										
7. List ALL officers (names and	d addresses)			Check the	box to indic	ate an attac	hment 🗆			
President Name Dean Mansfield				Vice-President Name Kathleen Mansfield						
Street Address 37 Edward Drive			Street Addr	Street Address 37 Edward Drive						
City East Greenwich	State RI	^{Zip} 02818	City East	City East Greenwich		રા	Zip 02818			
Secretary Name Dean Mansfield				Treasurer Name Kathleen Mansfield						
Street Address Same as above			Street Addr	Street Address Same as above						
City	State	Zip	City				Zip			
8. List ALL directors (names a	nd addresses)				box to indic	ate an atta	chment			
Director Name Dean Mansfield			Director Na	Director Name Kathleen Mansfield						
Street Address Same as above			Street Add	Street Address Same as above						
City	State	Zip	City	City			Zip 			
Director Name	Director Na	Director Name								
Street Address				Street Address						
City	State	Zip	City	City			Zip			
9. Shares Authorized		10. Shares Iss			e box to ind	icate an atta	achment PAR VALUE			
This information is currently of	his information is currently of record in the NUMBER				KIES	No Par				
Department of State.		100		Common		No Par				
Changes require an additional							<u> </u>			
11. This report must be execu	ited on behalf of the	corporation by an a	uthorized rep	presentative. If the co	rporation is	in the hand:	s of a re-			
ceiver or trustee, this report number penalty of perjury, I de	nust be executed on declare and affirm t	benair or the corpo that I have examin	ed this repo	rt, including any acc	ompanying	schedule:	s and			
statements, and that all sta	<u>tements contained</u>	herein are true an	d correct.		Date					
Name of Authorized Representative				January 27, 2025			2025			
Dean Mansfield										
Signature of Authorized Repr	esentative	elal H	W 197	10 mes						

MAIL TO:

Division of Business Services

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

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