



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.

REC'D RIDOS BSD
25 APR 14 AM 10:28:50

1. Entity ID Number 102399		2. Exact name of the Corporation Mercury Tec, Inc.			
3. Principal Office Address 33 Curtis Street		City East Providence		State RI	Zip 02914
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island The operation of a heating, ventilation and air conditioning business, services and sales of HVAC machinery and equipment.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Douglas L. Ainley		Vice-President Name Douglas L. Ainley			
Street Address 33 Curtis Street		Street Address 33 Curtis Street			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Douglas L. Ainley		Treasurer Name Douglas L. Ainley			
Street Address 33 Curtis Street		Street Address 33 Curtis Street			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Douglas L. Ainley		Director Name			
Street Address 33 Curtis Street		Street Address			
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	None
10. Shares Issued Check the box to indicate an attachment ☐					
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 DOUGLAS L. AINLEY, PRESIDENT				Date 2/10/2025	
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

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FORM 630 - Revised: 11/2021