



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
28 APR 14 PM 12:59:17

1. Entity ID Number <u>000797912</u>		2. Exact name of the Corporation <u>RI's Affordable Heating & Airconditioning Services Inc.</u>			
3. Principal Office Address <u>1682 Putnam Pike</u>		City <u>Glocester</u>		State <u>R.I.</u>	Zip <u>02814</u>
4. NAICS Code <u>238220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Heating & Airconditioning Contractors</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Jasmin Hawkins</u>			Vice-President Name		
Street Address <u>1682 Putnam Pike</u>			Street Address		
City <u>Glocester</u>	State <u>R.I.</u>	Zip <u>02814</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
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
			<u>8,000</u>	<u>87K</u>	<u>0.0100</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Jasmin Hawkins</u>				Date <u>April 14, 2025</u>	
Signature of Authorized Representative <u>Jasmin Hawkins</u>					

FILED

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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BY 9224Y
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FORM 630- Revised: 12/2023