



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 21 2025

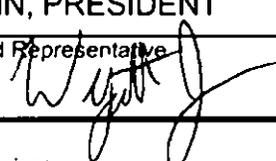
Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

*CSB*

BY 636

1. Entity ID Number <b>001694530</b>		2. Exact name of the Corporation <b>JOAQUIN HVAC &amp; REFRIGERATION, INC.</b>			
3. Principal Office Address <b>104 RHODE ISLAND BLVD.</b>			City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>238220</b>		6. Brief description of the character of business conducted in Rhode Island <b>HEATING, COOLING &amp; REFRIGERATION SERVICES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. LIST ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>WYATT JOAQUIN</b>			Vice-President Name <b>WYATT JOAQUIN</b>		
Street Address <b>104 RHODE ISLAND BLVD.</b>			Street Address <b>104 RHODE ISLAND BLVD.</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Secretary Name <b>WYATT JOAQUIN</b>			Treasurer Name <b>WYATT JOAQUIN</b>		
Street Address <b>104 RHODE ISLAND BLVD.</b>			Street Address <b>104 RHODE ISLAND BLVD.</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1,000</b>	<b>COMMON</b>	<b>NO PAR</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>WYATT JOAQUIN, PRESIDENT</b>					Date <b>4/14/25</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov