



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.

FILED

APR 21 2025



BY 636

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