



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

MAY 19 2025

BY

STAMP

1. Entity ID Number 1657		2. Exact name of the Corporation Automatic Heating Equipment, Inc.			
3. Principal Office Address 400 Charles Street			City	State	Zip
4. NAICS Code 33522		6. Brief description of the character of business conducted in Rhode Island Buy and re sale of heating equipment.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edward P. Garrahy, Jr.			Vice-President Name Edward P. Garrahy, Jr.		
Street Address 400 Charles Street			Street Address 400 Charles St		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Edward P. Garrahy, Jr.			Treasurer Name Edward P. Garrahy, Jr.		
Street Address 400 Charles Street			Street Address 400 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Edward P. Garrahy, Jr.			Director Name		
Street Address 400 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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		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 Edward P. Garrahy, Jr.					Date 5/7/2025
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