



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

FOR
OFFICE OF STATE
USE ONLY

| | | | | | |
|--|-------------|--|---|-------------|------------------|
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | |
| 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