RI SOS Filing Number: 201861023940 Date: 3/26/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2018		
Corporation			

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

00 fee if form is not filed by April 1.	
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BY	13/12/10

→ Penalty: Additional \$25.0	0 fee if form is not	filed by April 1.		B	ΥΥ	XINOO			
1. Entity ID Number	2. Exact name of the Corporation								
000795035	ARC Refrigeration & Air Conditioning, Inc.								
3. Principal Office Address			City		State	Zip			
6619 Joy Road			East Syraci	use	NY	13057			
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island							
238220	Air Cor	Air Conditioning, Heating, Refrigeration, Construction, Remodeling, &							
State of Incorporation		Maintenance							
NY									
7. List ALL officers (names and	addresses)			Chec	k the box to indi	cate an attachment			
President Name				Vice-President Name					
Joseph C. Ligoci Street Address	·		Joseph M Street Address	Joseph M. Ligoci					
8125 Trolleys End	,		61 Bayberi	rv Circle	v Circle				
City	State	Zip 13039	City	7	State	Zip			
Cicero	NY	13039	Liverpool		NY	13090			
Secretary Name			Treasurer Nami	В					
Nicole Ligoci Street Address			Street Address						
8125 Trolleys End			000.7.00.033						
City	State	Zip	City	-	State	Zip			
Cicero	NY	13039		21	J. Ab - 1				
List ALL directors (names and Director Name	addresses)		Director Name	Chec	K the box to indi	cate an attachment			
Director Harris	:		DIICO(OI IVAIINE						
Street Address			Street Address	Street Address					
City	State	Zip	City		State	Zip			
Director Name	·		Director Name		•	· · · · · · · · · · · · · · · · · · ·			
Street Address			Street Address						
City	State	Zip	City		State	Zîp			
9. Shares Authorized		10. Shares Iss	ued	Chec	k the box to indi	cate an attachment			
This information is currently of re	cord in the	NUMBER OF		CLASS/SER					
Department of State.		200		CNP		\$0.0000			
Changes require an additional fili	ing.	200	-	*****					
11. This report must be execute trustee, this report must be exe					poration is in the	hands of a receiver or			
Under penalty of perjury, I de	clare and affirm ti	hat I have examin	ed this report, in	cluding any acco	ompanying sch	edules and			
statements, and that all states Name of Authorized Representa		nerem are true an	u correct.		Date 1				
Joseph Ligoci 3/19/18						19/18			
Signature of Authorized Repres	entative	SIGN DO	OUWENT HERE			•			
MAIL TO:	1				<u> </u>	· ii -			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Maheita: umnu ene ri nou

FORM 630 - Revised: 10/2017