RI SOS Filing Number: 202328670600 Date: 2/14/2023 4:00:00 PM



State of Rhode Island

Annual Report for the year:

## **Department of State - Business Services Division**

2023

Corporation  → Filing period: February  → Filing Fee: \$50.00  → Penalty: Additional \$25		not filed by May 3	1.		PER OF STATE	
1. Entity ID Number 000098998	2. Exact name of the Corporation  Korel Controls, Inc.			2023	FEB 14 A 11: 05	
3. Principal Office Address One Harry Street			City Cranston	State RI	Zip <b>02907</b>	
4. NAICS Code 333414 5. State of Incorporation RI	6. Brief description of the character of business conducted in Rhode Island Install and service data digital heating ventilation, air conditioning control systems.				ns.	
7. List ALL officers (names an	nd addresses)			Check the box to indi	cate an attachment [	
President Name James J. Bannon			Vice-President Name John F. Bannon			
Street Address One Harry Street			Street Address One Harry Street			
City Cranston	State RI	Zip <b>02907</b>	City Cranston	State RI	Zip <b>02907</b>	
Secretary Name James A. Holland			Treasurer Name James J. Bannon			
Street Address One Harry Street			Street Address One Harry Street			
City Cranston	State RI	Zip <b>02907</b>	City Cranston	State RI	Zip <b>02907</b>	
8. List ALL directors (names a	and addresses)			Check the box to indi	cate an attachment 🔲	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized 10. Shares		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 Comn	100 Common with 0.00 Par			
11. This report must be executrustee, this report must be ex			n authorized representative. If	the corporation is in the	hands of a receiver or	
•	leclare and affirm	n that I have exam	ined this report, including a	ny accompanying sch	edules and	
Name of Authorized Represer			FILED IN	Date 21	5/2023	
Signature of Authorized Repro	esentative		FEB 1 4 2023	1R		
MAIL TO: /			RY VC G	<del>-  </del>	<del></del>	

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

**STAMP**