



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2024**

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**  
 FEB 07 2024  
 DEPT. OF STATE  
 PROVIDENCE, RI

1. Entity ID Number <b>000522037</b>		2. Exact name of the Corporation <b>A &amp; B Cooling &amp; Heating Corp.</b>			
3. Principal Office Address <b>660 Nutmeg Road North</b>			City <b>South Windsor</b>	State <b>CT</b>	Zip <b>06074</b>
4. NAICS Code <b>238220</b>		6. Brief description of the character of business conducted in Rhode Island <b>HVAC installation</b>			
5. State of Incorporation <b>Connecticut</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Ritchie</b>			Vice-President Name <b>None</b>		
Street Address <b>26 Overhill Road</b>			Street Address		
City <b>Ellington</b>	State <b>CT</b>	Zip <b>06029</b>	City	State	Zip
Secretary Name <b>Michael Ritchie</b>			Treasurer Name <b>None</b>		
Street Address <b>26 Overhill Road</b>			Street Address		
City <b>Ellington</b>	State <b>CT</b>	Zip <b>06029</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Guy Wanegar</b>			Director Name <b>None</b>		
Street Address <b>65 Laurel Lane</b>			Street Address		
City <b>Columbia</b>	State <b>CT</b>	Zip <b>06237</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		STK
			PAR VALUE		\$10.00
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.					
<b>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.</b>					
Name of Authorized Representative <b>Michael Ritchie</b>					Date <b>2-1-24</b>
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov