



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | |
|---|--------------------|---|--------------------|---------------------|
| 1. Corporate ID No 485138 | | 2. Name of Corporation Superior Fire & Electrical Services LTD. | | |
| 3. Street Address Principal Business Office 53 Sampson Ave. | | City N. Providence | State RI | Zip 02911 |
| 4. Business Phone No 401-742-6243 | | 5. State of Incorporation RI | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Electrical and Fire Alarm work. (Commercial, Residential, Industrial) | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Scott M. Casto | | Vice President Name | | |
| Street Address 53 Sampson Ave. | | Street Address | | |
| City N. Providence | State RI | Zip 02911 | City | State |
| Secretary Name | | Treasurer Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | Number of Shares | Class/Series | Par Value |
| | | 0 | 0 | 0 |
| | | 0 | 0 | 0 |

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2011 MAR -3 AM 11:14

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.

FILED

File Date: **MAR 03 2011**

Check No. **139097**

By: **BY**

FOR SECRETARY OF STATE USE ONLY

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.

Signature: **Scott M. Casto** Date: **03-03-2011**

Print or Type Name: **Scott M. Casto**

Title: **President**