



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 485138		2. Exact name of the Corporation Superior Fire & Electrical Services LTD.	
3. Principal office address 53 Sampson Ave.		City N. Prov.	State RI
		Zip 02911	
4. Business Phone No. 401-742-6243		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Install electrical services, Fire alarm installs. Industrial, commercial, and residential.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Scott M. Casto		Vice-President Name	
Street Address 53 Sampson Ave.		Street Address	
City N. Prov.	State RI	City	State
		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
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.		NUMBER OF SHARES	CLASS/SERIES
		0	
			PAR VALUE

SECRETARY OF STATE
 CORPORATIONS DIV
 2014 DEC 17 PM 12:02

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.

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

FILED

DEC 17 2014

By **238734**

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 of Authorized Representative
Scott M. Casto

12-17-2014
 Date

Print or Type Name of Authorized Representative

KM