



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR - 6 PM 2:12

1. Entity ID Number 485138	2. Exact name of the Corporation Superior Fire & Electrical Services LTD.		
3. Principal Office Address 33 Bagley St.		City Central Falls	State KI
		Zip 02863	
4. NAICS Code 22	6. Brief description of the character of business conducted in Rhode Island Electrical Services Industrial, commercial, + Five Alarm Services Residential		
5. State of Incorporation RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott M. Casto			Vice-President Name		
Street Address 350 Charlotte White Road			Street Address		
City Westport	State MA	Zip 02790	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 This information is currently of record in the Department of State.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES
	0	PAR VALUE

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.

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.

Name of Authorized Representative Scott M. Casto	FILED	Date 03-06-2017
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Signature of Authorized Representative <i>[Signature]</i>	MAR 06 2017
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