



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

Annual Report for the year: 2014
 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 2:10

1. Entity ID Number 485138		2. Exact name of the Corporation Superior Fire & Electrical Services, LLC			
3. Principal Office Address 33 Bagley St.			City Central Falls	State RI	Zip 02863
4. NAICS Code 22		6. Brief description of the character of business conducted in Rhode Island Electrical Services Industrial, commercial, + Residential			
5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island Five Alarm Services			
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		
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				Date 03-06-2017	
Signature of Authorized Representative <i>Scott M. Casto</i>				Date MAR 06 2017	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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