RI SOS Filing Number: 201755466710 Date: 12/29/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the	year:	2018_					
Corporation → Filing period: January 1	- March 1						
→ Filing Fee: \$50.00	- March						
-> Penalty: Additional \$25.	00 fee if form is n	ot filed by April 1					
1. Entity ID Number	2. Exact nar	ne of the Corpora	tion	7*****		,	
485138	<	Superior Fire & Electrical Services LTd. State Zip City Central Falls RI 02863					
3. Principal Office Address		J er ioi	City		State	Zip	
33 Bagle						02863	
4. NAICS Code	6. Brief desc	ription of the cha	racter of business cor	nducted in Rhode Isla	and /	1 - 1-01	
221111	Kes	idential	Commerical	, Industr	ai/ E	Lectrical	
5. State of Incorporation	work	Install	Five Ala.	im system	15, 6/	so cetu	
KI	1				,	Installs	
7. List ALL officers (names and	d addresses)				ne box to indic	cate an attachment 🔲	
President Name 5colf		Vice-President Name					
Street Address 350 Mailotte White Road City Westport State MA CO2790			Street Address	Street Address			
City	- IState	17in	City		State	Zip	
West port	MA	0279	90		J		
Secretary Name				Treasurer Name			
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	nd addresses)		Director Name	Check t	he box to indi	cate an attachment	
Oirector Name			Director Name				
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zip	
Director Name		<u> </u>	Director Name			l	
Director Hame	Biredia Waine						
Street Address	<u> </u>		Street Address				
City	State	Zip	City	· · ·	State	Zip	
9. Shares Authorized		10. Shares	l s issued	Check	the box to ind	. Licate an attachment 🔲	
This Information is currently of record in the			ER OF SHARES	CLASS/SERIES PAR VALUE			
Department of State.			000			\sim	
Changes require an additional filing.		/-'					
11. This report must be execu	uted on behalf of th	ne corporation by	an authorized represe	entative. If the corpo	ration is in the	hands of a receiver or	
trustee, this report must be e	xecuted on behalf	of the corporation	n by the receiver or tru	ustee.			
Under penalty of perjury, i				icluding any accom	ipanying sch	nedules and	
statements, and that all sta Name of Authorized Represe		ru nerein ale tiu	e and correct,		Date		
· ·	M. C	a sto			12	-29-2017	
Signature of Authorized Rep	resentative	11 .	———FI	LED	1./0		
Signature of Authorized Map			• •				
	18 m to	N	- AFP	2 9 2017			
MAILTO:				y * mylf			
Division of Business Services 148 W. River Street, Providence,	Rhode Island 02904	-2615	BV/7 3	20829			

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