



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

Annual Report for the year: 2019
 Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2019 MAR - 8 AM 8:45

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 RI
4. NAICS Code 221111		6. Brief description of the character of business conducted in Rhode Island Electrical work, Residential, commercial, Industrial.	
5. State of Incorporation RI		Also CCTV and fire alarm systems.	
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 Rd.		Street Address	
City Westport	State MA	Zip 02790	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 1000	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 03-08-2019	
Signature of Authorized Representative <i>Scott M. Casto</i>		FILED MAR 08 2019 BY JYHCHN 8:45	

MAIL TO:
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