



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

FOR
SECRETARY OF STATE
USE ONLY

2023 FEB 07 4 10:11

1. Entity ID Number 312486		2. Exact name of the Corporation 911Programs, Inc.			
3. Principal Office Address 22 Veterans Memorial Drive			City Warwick	State RI	Zip 02886
4. NAICS Code 611430		6. Brief description of the character of business conducted in Rhode Island To provide educational programs and instruction, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name William E. Howe			Vice-President Name		
Street Address 22 Veterans Memorial Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name William E. Howe			Treasurer Name William E. Howe		
Street Address 22 Veterans Memorial Drive			Street Address 22 Veterans Memorial Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200 Common with 0.01 par		
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.					
<i>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.</i>					
Name of Authorized Representative William E. Howe				Date 01/31/23	
Signature of Authorized Representative <i>William E. Howe</i>				FILED FEB 07 2023 BY DUMISE	

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