



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 157435		2. Name of Corporation MARATHON FIRE PROTECTION, INC.			
3. Street Address Principal Business Office 578 ARCADE AVENUE			City SEEKONK	State MA	Zip 02771
4. Business Phone No. 508-336-4300		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island DESIGN AND INSTALLATION OF FIRE SPRINKLER SYSTEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER S. NADHAZY			Vice President Name BOZENA NADHAZY		
Street Address 485 PINE STREET			Street Address 485 PINE STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name BOZENA NADHAZY			Treasurer Name BOZENA NADHAZY		
Street Address 485 PINE STREET			Street Address 485 PINE STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PETER S. NADHAZY			Director Name BOZENA NADHAZY		
Street Address 485 PINE STREET			Street Address 485 PINE STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED.		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			300	COMMON	NO PAR VALUE

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.

FILED	
File Date	JAN 23 2008
Check No.	11035
By	<u>Peter S. Nadhazy</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Peter S. Nadhazy — 01-22-08
Signature Date
PETER S. NADHAZY
Print or Type Name
PRESIDENT
Title