

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

2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. law (R.I.G.L. 7-1.2-1501(c&d)) is	-		to file its annual report within	tbirty (30) days after tbe	time prescribed by		
1. Corporate ID No. 66080	2. Name of Corporation SUN FIRE PROTECTION & ENGINEERING, INC.						
3. Street Address Principal Business Of 32 VICKSBURG STREE	ffice T		PROVIDENCE	State RI	^{Zip} 02904		
4. Business Phone No. 401-421-8206		5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of DESIGN AND INSTALLATION	ON OF FIRE PROTE	CTION SYSTEMS		onanonista a alemana e meneral manana	National Control of the Control of t		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name MICHAEL E. PARKER			CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Vice President Name MICHAEL E. PARKER				
Street Address 32 VICKSBURG STREET			Street Address 32 VICKSBURG STREET				
PROVIDENCE		<i>zip</i> 0 29 04	PROVIDENCE	State RI	<i>zip</i> 02904		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City		Zip	City	State	Zip 🛴		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A) Director Name MICHAEL E. PARKER			TACHMENT) THE IN SPACES BEFORE USING AN ACHMENTS. Director Name				
Street Address 32 VICKSBURG STREET			Street Address				
City PROVIDENCE	State RI	<i>zip</i> 02904	City	State			
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Ζip		
9. SHARES AUTHORIZED (XT BOX FOR ATTACHMENT)			10. SHARES ISSUED (*X** BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series I	Par Value	Number of Shares	Class/Series	Par Value		
600	COMMON	NPV	100	COMMON	NPV		
				PERMITS IN CONTROL OF THE PERMITS			
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorized ration by the receiver o	I representative. If the corpora r trustee.	ation is in the hands of a	receiver or trustee,		

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Under penalty of perjury, I declare and affirm that I hav	e exa	amined 1	this report
including any accompanying schedules and statements,	and	that all	statement
contained herein are true and correct.	/	/	

MICHAEL E. PARKER

Print or Type Name

PRESIDENT

Title