

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 2010

401.222.30

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(cc*d)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
155541	HFP Fire Protection	on Services, Inc.				
3. Street Address Principal Business Office			City	State	Zψ	
32 Char Drive		Westfield	MA .	01085		
4. Business Phone No. 5. State of Incorporation						
800.888.5197 Massachusetts			· · · · · · · · · · · · · · · · · · ·		v	
6. Brief Description of the Character of	f Business Conducted in Ri	bode Island				
7. NAMES AND ADDRESSES !	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS	
Antonio Cintra			N/A			
Street Address 9 Farm Springs Road			Street Address		20	J
City	State	Ztp	City	State	Zip 🖘	Oth Oth
Farmington	CT	06032			ר די	989 809 809
Secretary Name	l	Treasurer Name				430014-200
Jon Martin			Anthony Sada, Jr.			ું ≥ે (ન
Street Address			Street Address			J-<
9 Farm Springs Road			9 Farm Springs Road		<u> </u>	ੁੂ 🛫
City	State	Z!p	City	State	Zip 📅 🕡	
Farmington	CT	06032	Farmington	CT	06032	30
8. NAMES AND ADDRESSES	OF THE DIRECTORS	("X" BOX FOR ATT	ACHMENT) TILL IN SPACE	ES BEFORE USING AT	TACHBENTS	a - 1
Director Name	The Congress of School of Constraints of Con-		Director Name			
Antonio Cintra	*	•	Anthony Sada, Jr.	•		`~
Street Address 9 Farm Springs Road			Street Address			
			9 Farm Springs Road			
City	State	Zip	City	State	Zip	
Farmington	CT	06032	Farmington	CT	06032	
Director Name	************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Director Name		•••••	
Jon Martin						ſ
Street Address			Street Address			
9 Farm Springs Road						
City Farmington	State CT	<i>zφ</i> 06032	City	State	Zip	
9. SHARES AUTHORIZED	两个不同的证 不经		10. SHARES ISSUED ("X"	BOX FOR ATTACHME	Y7) 🗆 "	
			ISSUED SHARES — THIS SECTION I	MUST BE COMPLETED		
This information is currently of	of record in the Offic	e of the Secretary of	Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			10,000	COMMON, Class	\$0.00 LEYET	
			90,000 THIS SECTION	COMMON, Class B	\$0.00	
This report must be executed of this report must be executed or	on behalf of the corpo	oration by an authorize ration by the receiver of	d representative. If the corpora or trustee.	tion is in the hands of a	receiver or tru	stee,
		FILED	Under penalty of perjury,	I declare and affirm that I I	nave examined th	nis report,
		· · · · ·	including any accompany			

This report must be executed on behalf of the corporation report must be executed on behalf of the corporation.			e hands of a receiver or trustee,
	FILED		affirm that I have examined this report, s and statements, and that all statements
File Date	FEB 03 2010	contained herein are true and correct. Signature	1 22 / 2010 Date
Check No. BY_	110050	Print or Type Name Secretary	
FOR SECRETARY OF STATE USE ONLY		Title	Form 630 Rev. 08/08