

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

	L. 7-1.2-1501(e), each cor	rporation failing or refusing to file its an				
1. Corporate ID No.	2. Name of Co					
155541	HFP Fire Sprinkler, Inc.					
3. Street Address Principal Business Office 32 Char Drive			City Westfield	State MA	21p 01085	
4. Business Phone No. 5. State of Incorporat		5. State of Incorporation				
413.568.4709 Massachusetts		Massachusetts				
6. Brief Description of the Ch	paracter of Business Cond	lucted in Rhode Island				
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR ATTA	(CHMENT) 🔲 FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
Antonio Cintra			N/A			
Street Address 9 Farm Springs Road			Street Address			
City Farmington	State CT	^{Zip} 06032	City	State	Zip	
Secretary Name Jon Martin			Treasurer Name Anthony Sada, Jr.			
Street Address			Street Address			
9 Farm Springs Road		4	9 Farm Springs Road			
City Farmington	State CT	Zip 06032	Cuy Farmington	State CT	Zip 06032	
8. NAMES AND ADDR	ESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) [FILL IN S	PACES BEFORE USING AT	TACHMENTS 👹	
Director Name			Anthony Sada Jr			
Antonio Cintra						
Street Address 9 Farm Springs Road			9 Farm Springs Road			
City	State	Ζίρ	City	State	Zb. > 7	
Farmington	CT	06032	Farmington	CT	06032	
Director Name	J.X.t		Director Name	······································		
Jon Martin			Director Name			
Street Address 9 Farm Springs Road			Street Address			
City	State	Zip	City	State	Zip	
Farmington	CT	06032				
9. SHARES AUTHORIZ	ED		10. SHARES ISSUED (" ISSUED SHARES — THIS SECTI	X" BOX FOR ATTACHME ON MUST BE COMPLETED	(YX)	
This information is an	contly of record in (the Office 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	
			90,000 THIS SECTI	ON WIUST BE CONTI COMMON, Class B		
This report must be exe	cuted on behalf of	the corporation by an authorize the corporation by the receiver	ed representative. If the corp	poration is in the hands of	a receiver or trustee,	
report must be one						
	APR 01 20					
	By_ \15	5240	I Indoslev of!	unu I danlara and affirm that I	house examined this are	
•	-1)C 01 (ury, I declare and affirm that I canying schedules and stateme		

By 115240 File Date: Check No.	Konc	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.	
POR SECRETARY OF STATE USE ONLY		Secretary Title	_
· ·		Form 630 Rev. 08/08	