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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 2010

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.	2. Name of Corporation		
108600	CITYCO FIRE PROTECTION INC.		
3. Street Address Principal Business Office		City	State	Zip
731 DYER AV		CRANSTON	RI	02920
4. Business Phone No.	5. State of Incorporation		
401 9446622	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
INSTALLATION OF FIRE SPRINKLER SYSTEM & REPAIRS.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
FIORAVANTE D CAPIRCHIO					
Street Address			Street Address		
731 DYER AV.					
City	State	Zip	City	State	Zip
CRANSTON.	RI	02920			
Secretary Name			Treasurer Name		
FIORAVANTE D CAPIRCHIO			FIORAVANTE D CAPIRCHIO		
Street Address			Street Address		
57 LAVINA CIR.			731 DYER AV		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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 ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2000 COMPAR		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
601		1K/PAR

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.

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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.

Signature _____ Date _____

FIORAVANTE D CAPIRCHIO
Print or Type Name

PRESIDENT
Title

File Date _____ BY _____
Check No. _____
By: _____
48571-3-494364
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06