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 2009

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: 731 DYER AV	City: CRANSTON	State: RI	Zip: 02920
4. Business Phone No.: 401 944 6682	5. State of Incorporation: RI.		

6. Brief Description of the Character of Business Conducted in Rhode Island
INSTALLATION & REPAIR FIRE SPRINKLER SYSTEMS -

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

President Name: FIORAVANTE D CAPIRCHIO			Vice President Name:		
Street Address: 57 LAURA CIRCL.			Street Address:		
City: CRANSTON	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: FIORAVANTE D CAPIRCHIO			Treasurer Name: FIORAVANTE D CAPIRCHIO		
Street Address: 57 LAURA CIRC.			Street Address: 57 LAURA CIRC.		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON.	State: RI	Zip: 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

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9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ — AUTHORIZED SHARES
10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐ — ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 COMM N PAR VALUE			600		NO 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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BY

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: [signature] Date: 3/26/2010
Print or Type Name: FIORAVANTE D CAPIRCHIO
Title: President

File Date ____________
Check No. ____________
By: ____________
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06