State of Rhode Island and Providence Plantations Fee: \$50.0 Office of the Secretary of State				
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2013				
1. ID No. <u>000760175</u>				
2. Exact Name of the Limited Liability Company Sapphire Sprinkler Protection, LLC				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Installation, inspection and maintenance of fire sprinkler systems				
5. Principal Office Address				
	PORT	State: <u>RI</u>	Zip: <u>02840</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: LOUIS C. LOVEJOY Contact Title: OWNER No. and Street: 28 WEATHERLY AVENUE				
City or Town: NEWPORT State: RI Zip: 02840 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Address	
MANAGER	First, Middle, Last, Suffix LOUIS C LOVEJOY	Addı	ess, City or Town, State, Zij	o Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
LOUIS C. LOVEJOY 28 WEATHERLY AVENUE NEWPORT, RI 02840				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 11 Day of September, 2013 at 11:48:44 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>LOUIS C. LOVEJOY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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