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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
65291	**Tri-State Fire Protection Co., Inc.**			
3. Principal office address: **11 Industrial Drive**		City: **Smithfield**	State: **RI**	Zip: **02917**
4. Business Phone No.: **401-232-5960**		5. State of Incorporation: **Massachusetts**		
6. Brief description of the character of business conducted in Rhode Island: **Install fire sprinkler systems.**				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Robert Rotondo**			Vice-President Name: **Laurence F. Rose**		
Street Address: **150A South Killingly Road**			Street Address: **31 Dominic Street**		
City: **Foster**	State: **RI**	Zip: **02825**	City: **Millville**	State: **MA**	Zip: **01529**
Secretary Name: **Laurence F. Rose**			Treasurer Name: **Laurence F. Rose**		
Street Address: **31 Dominic Street**			Street Address: **31 Dominic Street**		
City: **Millville**	State: **MA**	Zip: **01529**	City: **Millville**	State: **MA**	Zip: **01529**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par value

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.

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.

Laurence Rose — 01/09/2014
Signature of Authorized Representative — Date

Laurence F. Rose, VP, Sec., Treas.
Print or Type Name of Authorized Representative

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

FILED
JAN 10 2014
BY 36892

Form No. 630
Revised: 01/2012
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