



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. 000-514-508		2. Exact name of the Corporation S.I.R. International, Ltd.			
3. Principal office address 208C Blydenburgh Road			City Islandia	State New York	Zip 11749
4. Business Phone No. 631-234-2491			5. State of Incorporation New York		
6. Brief description of the character of business conducted in Rhode Island Manufacturer of Lighting Products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stanley Rabinowitz			Vice-President Name		
Street Address 4 Joy Drive			Street Address		
City Roslyn	State NY	Zip 11040	City	State	Zip
Secretary Name Jeffrey Rabinowitz			Treasurer Name		
Street Address 58 Acorn Ponds Drive			Street Address		
City Roslyn	State New York	Zip 11576	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stanley Rabinowitz			Director Name Jeffrey Rabinowitz		
Street Address 4 Joy Drive			Street Address 58 Acorn Ponds Drive		
City Manhasset Hills	State New York	Zip 11040	City Roslyn	State New York	Zip 11576
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	A	\$100

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.

File Date _____
 Check No. _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 Form No. 630
 Revised: 01/2012

FILED

FEB 13 2014

BY 1264

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 of Authorized Representative: Jeffrey Rabinowitz Date: 02/11/2014
 Print or Type Name of Authorized Representative: Jeffrey Rabinowitz