



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. 135147		2. Exact name of the Corporation STROBES N' MORE, INC						
3. Principal office address 81 Tom Harvey Road		City Westerly	State RI	Zip 02891				
4. Business Phone No. 401-348-0141		5. State of Incorporation RI						
6. Brief description of the character of business conducted in Rhode Island Sales and distribution of emergency lighting equipment								
7. LIST ALL OFFICERS (NAME AND ADDRESSES) (X BOX FOR ATTACHMENT)								
President Name Louis Misto			Vice-President Name Christine Misto					
Street Address 5 South Fairway Ave			Street Address 5 South Fairway Ave					
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891			
Secretary Name Christine Misto			Treasurer Name Louis Misto					
Street Address 5 South Fairway Ave			Street Address 5 South Fairway Ave					
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891			
8. LIST ALL DIRECTORS (NAME AND ADDRESSES) (X BOX FOR ATTACHMENT)								
Director Name Louis Misto			Director Name					
Street Address 5 South Fairway Ave			Street Address					
City Westerly	State RI	Zip 02891	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED (X BOX FOR ATTACHMENT)								
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
						1000		

2014 FEB 25
SECRETARY OF STATE
CORPORATIONS DIV
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AM 10:52

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

FILED
MAR 17 2014
6806

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
Date
LOUIS MISTO III
Print or Type Name of Authorized Representative