



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 2015

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. 19898		2. Exact name of the Corporation R.B. Allen Co., Inc.			
3. Principal office address 131 Lafayette Road		City North Hampton		State NH	Zip 03862
4. Business Phone No. 603-964-8140		5. State of Incorporation New Hampshire			
6. Brief description of the character of business conducted in Rhode Island Sales and installation of Municipal and Industrial Fire Alarms					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Jonathan D. Allen			Vice-President Name Alan F.J. Li		
Street Address Kensington Road			Street Address 263 Morse Avenue		
City Hampton Falls	State NH	Zip 03844	City Woonsocket	State RI	Zip 02895
Secretary Name Sharon W. Ribitzki			Treasurer Name Jonathan D. Allen		
Street Address 131 Lafayette Road			Street Address Kensington Road		
City North Hampton	State NH	Zip 03862	City Hampton Falls	State NH	Zip 03844
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert J. Allen			Director Name Jonathan D. Allen		
Street Address 35 Whipple Court			Street Address Kensington Road		
City Portsmouth	State NH	Zip 03801	City Hampton Falls	State NH	Zip 03844
Director Name George W. Allen			Director Name Sharon W. Ribitzki		
Street Address 134 Kensington Road			Street Address 131 Lafayette Road		
City Hampton Falls	State NH	Zip 03844	City North Hampton	State NH	Zip 03862
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
			140	common	without 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.

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

FILED
JAN 26 2015
59388

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 *[Signature]* Date *1/5/2015*
Jonathan D. Allen, President
Print or Type Name of Authorized Representative