



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. 923522		2. Exact name of the Corporation Admiral Fire Corp.			
3. Principal office address 130 Stedman Avenue		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. (401) 481-7758		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island <i>Installation and servicing of fire safety equipment</i>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John McCarron			Vice-President Name Kevin Fagan		
Street Address 130 Stedman Avenue			Street Address 184 Maplecrest Drive		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Secretary Name Kevin Fagan			Treasurer Name John McCarron		
Street Address 184 Maplecrest Drive			Street Address 130 Stedman Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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					
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	
1,000		Common		none	

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

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BY

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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.

John F. McCarron
Signature of Authorized Representative

2-11-15
Date

John McCarron

Print or Type Name of Authorized Representative