

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nar	2. Exact name of the limited liability company				
971643	Kidde I	Kidde Fire Trainers, LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
DE	sell,	sell, mfg, install, service & maintain fire training equipment				
5. Principal office address			City	State	Z ip	
17 Philips Parkway			Montvale	NJ	07645	
			Material and a second control of the second	ERSON		
Contact Name Gary Schlegel			Contact Title CFO			
Street Address			City	State	Zip	
17 Philips Parkway			Montvale	NJ	07645	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE LII	MITED LIABILITY COMPANY, II	FAPPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name William R. Lane			Manager Name	Manager Name		
Street Address 17 Philips Parkway			Street Address			
City	State	Zip	City	State	Zip	
Montvale	l NI	07645				
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND			1		
This information is currently	y of record in the	Office of the Secreta	ary of State. Changes require t	iling Form 642.		

FILED

NOV **24** 2015

By 26/8/3

ICM

the Date

FOR SECRETARY OF STATE USE ONLY

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 Person

Date

Gary Schlegel

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012