



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 2016

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. 65291		2. Exact name of the Corporation Tri-State Fire Protection Co., Inc.			
3. Principal office address 11 Industrial Drive		City Smithfield	State RI	Zip 02917-1516	
4. Business Phone No. 401-232-5960		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Contruction-install fire sprinkler systems.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Rotondo			Vice-President Name Laurence F. Rose		
Street Address 150A South Killingly Road			Street Address 31 Dominic Street		
City Foster	State RI	Zip 02825	City Millville	State MA	Zip 05129
Secretary Name Laurence F. Rose			Treasurer Name Laurence F. Rose		
Street Address 31 Dominic Street			Street Address 31 Dominic Street		
City Millville	State MA	Zip 05129	City Millville	State MA	Zip 05129
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
			100	Common	No 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.

FILED
JAN 11 2016

File Date _____
 Check No _____
 By: _____

BY **38727**

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 **01/07/2016**

Laurence F. Rose, VP, Sec., Treas.
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY