



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108600		2. Name of Corporation Cityco Fire Protection, Inc.		
3. Street Address Principal Business Office 731 DYER AV.		City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401 - 944 - 6622		5. State of Incorporation RHODE ISLAND		6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island TO INSTALL, MAINTAIN AND SERVICE FIRE SPRINKLER SYSTEMS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name FIORAVANTE D. CAPRICHIO		Vice President Name		
Street Address 731 DYER AV.		Street Address		
City CRANSTON	State RI	Zip 02920	City	State
Secretary Name FIORAVANTE D. CAPRICHIO		Treasurer Name FIORAVANTE D. CAPRICHIO		
Street Address 731 DYER AV.		Street Address 731 DYER AV.		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
2,000 COMM NO PAR VALUE			600	NO PAR.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Date _____
Check No. _____
FILED
MAR 14 2005
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 Officer
FIORAVANTE D. CAPRICHIO
Date **1/15/04**
Print or Type Name of Officer
FIORAVANTE D. CAPRICHIO