



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*108600\* 2. Name of Corporation Cityco Fire Protection, Inc.  
3. Street Address Principal Business Office City State Zip  
731 DYER AVENUE CRANSTON RI 02920-  
4. Business Phone No. 4019446622 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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Vice President Name  
Fioravante Capirchio Michael A. Capirchio  
Street Address Street Address  
731 Dyer Avenue 731 Dyer Avenue  
City State Zip City State Zip  
Cranston RI 02920 Cranston RI 02920  
Secretary Name Treasurer Name  
Fioravante Capirchio Fioravante Capirchio  
Street Address Street Address  
731 Dyer Avenue 731 Dyer Avenue  
City State Zip City State Zip  
Cranston RI 02920 Cranston RI 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

2,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares Class/Series 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



\* 1 0 8 6 0 0 \*

\*\*108600\* 7/25/0312:26:45 PM\*

File Date FILED

Check No. JUL 29 2003

By: 34 M 3014 GMM

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 Date 7-28-03  
Fioravante D Capirchio  
Print or Type Name of Officer  
President  
Title of Officer