



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
(401) 222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 37		2. Name of Corporation AAA Sprinkler Company, Inc.			
3. Street Address Principal Business Office 235 Macklin Street			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 732-8886		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Dealing in sprinkler and fire fighting, and fire preventative equipment and supplies.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard S. Crowley, Sr.			Vice President Name Richard S. Crowley, Jr.		
Street Address 235 Macklin Street			Street Address 235 Macklin Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Joseph J. Reale, Jr.			Treasurer Name Richard S. Crowley, Sr.		
Street Address 400 South Main Street			Street Address 235 Macklin Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard S. Crowley, Sr.			Director Name Richard S. Crowley, Jr.		
Street Address 235 Macklin Street			Street Address 235 Macklin Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	Common	No Par	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.

\*37\*  
File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

FILED  
JAN 25 2016

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

Richard S. Crowley, Sr.

Print or Type Name

President

Title