

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. 119914 Fire 9 Emeraptica Services, Inc.				
3. Street Address Principal Business Office  D  O  N  T  T  T  T  T  T  T  T  T  T  T  T		FSMOUL	State 2	02917
4. Bysiness Phone No.	5. State of Incorporation	4		•
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFIGERS: 1"X BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name  Name  Name  Name		Vice President Name  JOSEN LZZO		
Street Address  21 Giller Surviva Front		27 (WNIVA) TENVACO		
PONT ADUCA STILLED	02904	West Warwick	L State L	02893
Secretary Name		Treasurer Name  101/11/1004 F Domatwe II		
Street Address Tex VACO		Ila Siller Soinna Freet		
Elly State	710 7 00 7	9 1	State	2ip 20011
8. NAMES AND ADDRESSES OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS
Director Name  William F Donald II		Joseph IZZO		
210 Solver Spring & reet		27 Carnival Terrace		
City Stylie Stylie Brocker Name	21p 02904	City  LIGHT WOLLIN  Director Name	Eld State BI	~~02893
Street Address		Street Address		
City State	Zip	City	State	Zip
9. SHARES AUTHORIZED  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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
		ISSUED SHARES — THIS SECT  Number of Shares	TON MUST BE COMPLETED  Cluss/Series	Par Value
		600	Cattern	noper
600 COHMON NO par Va	hse			/
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				
Under penalty of perjury, I declare and affirm that I have examined this report,				
MAR 1 6 2016 including any accompanying schedules and statements, and that all statements contained helpin are true and correct.				
File DateBY	M. 1 100	Stenature		
Check No.		Willian	n F Dough	I OU
Ву:	_	Print or Type Name	nt.	
FOR SECRETARY OF STATE USE ONLY		Title		Form 630 Rev. 08/08