

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

2005

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No. 120601	2 Name of Corporation JOMAC FIRE PR	OTECTION, INC.			
3. Street Address Principal Business (Office		City	State	Zip
78 Haven Str	eet, PO Box		Warwick	RT	0288
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character FIRE PROTECTION SEI					
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ALLA	: Vice President Name	SPACES BEFORE USI	NG ATTACHMENTS
Joseph N. Mc	Garrahan		Patti S. Mc	Garrahan	
Street Address			Street Address		
78 Haven Str	eet		78 Haven St	reet	
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name	1		Treasurer Name		
Patti S. McG	arrahan		Joseph N. Mo	Garrahan	
Street Address	L		Street Address		
78 Haven Str	1	T :	78 Haven Sti		
City transmit als	State	Zip	City	State	Zip
Warwick	RI PRECTOR	02886	Warwick	RI SPACES PEROPE US	02886
9. NAMES AND ADDRESSES Director Name None.	OF THE DIRECTOR.	S: (A BOAFOR AL	Director Name	SPACES BEFORE US	SING ATTACHMENTS
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
Director Name	J	J	Director Name		
Street Address	<u></u>		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*ISSUED SHARES	 'X" BOX FOR ATTAC	CHMENT)
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	N/A	No Par Valu
			resident, Secretary, Assistar	nt Secretary, Treasure	r, Receiver or Trustee

File Date	3-2-05	
Check No	2691	
Ву:	Z	
FOR SE	CRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and including any accompanying schedules		• .
contained herein are true and correct.		4
Joseph M. Houslan	ORCS.	3/27/05
ignature of Officer		Date
Josuph M. Houston Soseph N. Mc	Garrahan	1
Print or Type Name of Officer		
President		
Title of Officer		
	Form 6	30 Rev. 12/03



STATE OF MUONE ISPAIND WISH TWO AND THOU AND THE TRANSMITTERS Office of the Secretary of State Matthew A. Brown, Secretary of State

100 North Main Stree Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 2. Name of Corporation 120601 JOMAC FIRE PROTECTION, INC. 3. Street Address Principal Business Office RI 78 Haven Street PO Box 9513 Warwick 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code 465 7700 7. Brief Description of the Character of Business Conducted in Rhode Island
FIRE PROTECTION SERVICES 885 **FIRE PROTECTION SERVICES** 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Patti Sawebb <u>Joseph N.McGarrahan</u> Street Address Street Address 78 Haven Street 78 Haven Street City State City 02886 RI 02886 Warwick Warwick RI Treasurer Name Secretary Name Joseph N. McGarrahan Patti S. Webb Street Address Street Address 78 Haven Street <u>78 Haven Street</u> Zip City RI 02886 02886 Warwick RI Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address Ζip City State Zip Director Name Director Name Street Address Street Address Z_{iP} City State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value No Par Value N/A100 1,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 2 0 6 0 1 *
File Date Check No. By: FOR SECRETAR	S O () Y OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have ex	amined this report
including any accompanying schedules and statements, and	that all statements
contained herein are true and correct.	, ,
Jain Steller Son	2/20/04
Signature of Officer	/Date ′
Patti S: Webb	
Print or Type Name of Officer	

Secretary

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003

PROFIT COR			EPORT FOR TH	HE YEAR	PLEASE REA INSTRUCTIO
(FORM MUST BE TYPED OR PR					
1. Corporate ID No.	2. Name of Corpor				
120601		RE PROTECTION, INC.	a.	Charles	72.
3. Street Address Principal Busin		V 0017	City	State	Zip
/ A MAVEN SIK 4. Business Phone No.	EET, P.O. BC	バーソントン 5. State of Incorporation	,,, WARWICK	RI	UZXXb 6. SIC Code
465-7700		RHODE ISLAN			885
7. Brief Description of the Chara			ROTECTION SERVICES	. AND THE TRANSA	***
LAWFUL BUSIN	ESS PERMITTED	UNDER THE INCORP	PORATION STATUTES.	A VIIID THE HAMION	ICITOR OF ANITALL
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT		ES BEFORE USING ATTA	CHMENTS
President Name	OND ALLAN		Vice President Name		
JOSEPH N. Mc	GARRAHAN .		NONE.		
5treet Address 78 HAVEN STRI	EET	•	Street Address		
City	LL State	Zip	City	State	Zip
WARWICK	RI	02886	,		•
Secretary Name	114	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Treasurer Name		
JOSEPH N. McC	Garrahan		JOSEPH N. 1	McGarrahan	
Street Address			Street Address	100. 44. 47.41	
78 HAVEN STRE	ET		78 HAVEN ST	TREET	
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	IACHMENIS
NONE.			Director Ivame		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Di A M			Director Name		
Director Name			Director Nume		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	NT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	N/A	NO PAR VALUE

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

	* 1 2 0 6 0 1 *
File Date:	4-10-03
Check No.:	1432
Ву:	Q.
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 Mc Laughan	4-7-03	
Signature of Officer	Date	
JOSEPH N. McGARRAHAN		
Print or Type Name of Officer		

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-	к	Γ .	Į	H.T.	IV.	1

Title of Officer **€** 5

Form 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

*	•	•			LYZIKUCHON
(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corporation	on			
120601	JOMAC FIRE	PROTECTION, INC.			
3. Street Address Principal Busine	ess Office	•	City	State	Zip
78 Haven S 4. Business Phone No.	Street	5. State of Incorporation	Warwick	RI	02886 6. SIC Code
465-7700		RHODE ISLAN			0885
8. NAMES AND ADDRE President Name Joseph N. Street Address 78 Haven S Secretary Name Joseph N. Street Address 78 Haven S	McGarrahan treet treet	s permitted ERS ("X" BOX FOR ATTA	Vice President Name None. Street Address Treasurer Name Joseph N. Street Address 78 Haven	tion statute BEFORE USING ATTA McGarrahan Street	nsaction of s. ACHMENTS
Warwick	RI RI	02886	Warwick	RI	02886
9. NAMES AND ADDRE Director Name None. Street Address	SSES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name Street Address	ES BEFORE USING AT	TACHMENTS
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMEN	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	N/A	No Par Valu

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



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.

Joseph N. M. Hanshan, Signature of Officer	PRES.	2/25/02
Signature of Officer		Date
Goseph N. McGarrah	ıan	

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01