



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. 120601		2. Name of Corporation JOMAC FIRE PROTECTION, INC.			
3. Street Address Principal Business Office 78 Haven Street, PO Box 9513			City Warwick	State RI	Zip 02886
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island FIRE PROTECTION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph N. McGarrahan			Vice President Name Patti S. McGarrahan		
Street Address 78 Haven Street			Street Address 78 Haven Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Patti S. McGarrahan			Treasurer Name Joseph N. McGarrahan		
Street Address 78 Haven Street			Street Address 78 Haven Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None.			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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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



120601

File Date	3-2-05
Check No.	2091
By:	
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
Joseph N. McGarrahan
Print or Type Name of Officer
President
Date
2/27/05
Title of Officer



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

100 North Main Street
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. 120601		2. Name of Corporation JOMAC FIRE PROTECTION, INC.			
3. Street Address Principal Business Office 78 Haven Street PO Box 9513			City Warwick	State RI	Zip 02886
4. Business Phone No. 465-7700		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island FIRE PROTECTION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph N. McGarrahan			Vice President Name Patti S. Webb		
Street Address 78 Haven Street			Street Address 78 Haven Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Patti S. Webb			Treasurer Name Joseph N. McGarrahan		
Street Address 78 Haven Street			Street Address 78 Haven Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	02.05.04
Check No.	1747
By:	ICP
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.

Patti S. Webb **3/20/04**
Signature of Officer /Date
Patti S. Webb
Print or Type Name of Officer
Secretary
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2003
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

City

State

Zip

78 HAVEN STREET, P.O. BOX 9513

WARWICK

RI

02886

4. Business Phone No.

5. State of Incorporation

6. SIC Code

465-7700

RHODE ISLAND

885

7. Brief Description of the Character of Business Conducted in Rhode Island

FIRE PROTECTION SERVICES, AND THE TRANSACTION OF ANY/ALL
LAWFUL BUSINESS PERMITTED UNDER THE INCORPORATION STATUTES.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

JOSEPH N. MCGARRAHAN

NONE.

Street Address

Street Address

78 HAVEN STREET

City

State

Zip

City

State

Zip

WARWICK

RI

02886

Secretary Name

Treasurer Name

JOSEPH N. MCGARRAHAN

JOSEPH N. MCGARRAHAN

Street Address

Street Address

78 HAVEN STREET

78 HAVEN STREET

City

State

Zip

City

State

Zip

WARWICK

RI

02886

WARWICK

RI

02886

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

NONE.

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)

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

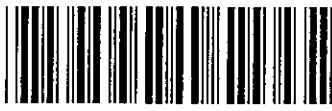
1,000 NO PAR VALUE

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

By: [Signature]

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.

Joseph N. McGarrahan 4-7-03
Signature of Officer Date

JOSEPH N. MCGARRAHAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **120601** 2. Name of Corporation **JOMAC FIRE PROTECTION, INC.**

3. Street Address Principal Business Office **78 Haven Street** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **465-7700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0885**

7. Brief Description of the Character of Business Conducted in Rhode Island **Fire protection services, and transaction of any/all lawful business permitted under incorporation statutes.**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Joseph N. McGarrahan**
Street Address **78 Haven Street**
Secretary Name **Joseph N. McGarrahan**
Street Address **78 Haven Street**
City **Warwick** State **RI** Zip **02886**

Vice President Name **None.**
Street Address
Treasurer Name **Joseph N. McGarrahan**
Street Address **78 Haven Street**
City **Warwick** State **RI** Zip **02886**

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

Director Name **None.**
Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series 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: 2-28-02

Check No.: 1031

By: [Signature]

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.

Joseph N. McGarrahan, pres. 2/25/02
Signature of Officer Date

Joseph N. McGarrahan

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01