



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 23 2017

BY

1791

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 119814		2. Exact name of the Corporation Fire & Emergency Services, Inc.			
3. Principal Office Address P.O. Box 17027		City Esmond		State RI	Zip 02917
4. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Fire alarm system & emergency lighting testing & related services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William F. Domahue, IV			Vice-President Name Joseph Izzo		
Street Address 26 Silver Spring Street			Street Address 27 Carnival Terrace		
City Providence	State RI	Zip 02904	City West WarWICK	State RI	Zip 02893
Secretary Name Joseph Izzo			Treasurer Name William F. Donahue, IV		
Street Address 27 Carnival Terrace			Street Address 26 Silver Spring Street		
City West Warwick,	State RI	Zip 02893	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William F. Donahue, IV			Director Name Joseph Izzo		
Street Address 26 Silver Spring Street			Street Address 27 Carnival Terrace		
City Providence	State RI	Zip 02904	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
600					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
600		common		no par	
11. 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.					
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.					
Name of Authorized Representative William. F. Donahue, IV, President				Date 1/16/17	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016