



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 923522		2. Exact name of the Corporation Admiral Fire Corp			
3. Principal Office Address 130 Stedman Ave.		City Pawtucket		State RI	Zip 02860
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Installation and servicing of fire safety equipment.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John McCarron			Vice-President Name Kevin Fagan		
Street Address 130 Stedman Ave.			Street Address 184 Maplecrest Dr.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RO	Zip 02861
Secretary Name Kevin Fagan			Treasurer Name John McCarron		
Street Address 184 Maplecrest Dr.			Street Address 130 Stedman Ave.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		common		none	
Changes require an additional filing.					
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 John McCarron				Date 1-16-17	
Signature of Authorized Representative <i>John McCarron</i>				SIGN DOCUMENT HERE FEB 10 2017	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 1800

FORM 630 - Revised: 10/2016