



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. Corporate ID No. 816750		2. Name of Corporation Bourque Alarm Systems, Inc.			
3. Street Address Principal Business Office 28 Versailles Street			City Cranston	State RI	Zip 02920
4. NAICS Code 81		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Fire alarm sales and service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy David Yuettner			Vice President Name		
Street Address 28 Versailles Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Timothy David Yuettner			Treasurer Name Timothy David Yuettner		
Street Address 28 Versailles Street			Street Address 28 Versailles Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Timothy David Yuettner			Director Name		
Street Address 28 Versailles Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES – THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 common shares \$.01 par value		

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.

Signature

Timothy David Yuettner

Print or Type Name

President

Title

FILED

MAR 06 2017

BY

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