



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 MAR - 6 PM 2: 10

**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 <b>485138</b>	2. Exact name of the Corporation <b>Superior Fire &amp; Electrical Services LTD.</b>		
3. Principal Office Address <b>33 Bagley St.</b>		City <b>Central Falls</b>	State <b>KI</b>
		Zip <b>02863</b>	
4. NAICS Code <b>22</b>	6. Brief description of the character of business conducted in Rhode Island <b>Electrical Services Industrial, commercial, + Five Alarm Services Residential</b>		
5. State of Incorporation <b>RI</b>			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Scott M. Casto</b>			Vice-President Name		
Street Address <b>350 Charlotte White Road</b>			Street Address		
City <b>Westport</b>	State <b>MA</b>	Zip <b>02790</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES
	<b>0</b>	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.**

Name of Authorized Representative <b>Scott M. Casto</b>	<b>FILED</b>	Date <b>03-06-2017</b>
Signature of Authorized Representative <i>[Signature]</i>		

By 297551 2:12