



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

Annual Report for the year: 2014
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|--|--------------------|---|---|-----------------------------|---------------------|
| 1. Entity ID Number 485138 | | 2. Exact name of the Corporation Superior Fire & Electrical Services, Inc. | | | |
| 3. Principal Office Address 33 Bagley St. | | | City Central Falls | State RI | Zip 02863 |
| 4. NAICS Code 22 | | 6. Brief description of the character of business conducted in Rhode Island Electrical Services Industrial, commercial, + Five Alarm Services Residential | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Scott M. Casto | | | Vice-President Name | | |
| Street Address 350 Charlotte White Road | | | Street Address | | |
| City Westport | State MA | Zip 02790 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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. 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 |
| | | | 0 | | |
| 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 Scott M. Casto | | | | Date 03-06-2017 | |
| Signature of Authorized Representative | | | | FILED MAR 06 2017 | |

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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