



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. 312486		2. Name of Corporation 911Programs, Inc.									
3. Street Address Principal Business Office 175 Metro Center Blvd., Unit 1			City Warwick	State RI	Zip 02886						
4. NAICS Code 61		5. State of Incorporation Rhode Island									
6. Brief Description of the Character of Business Conducted in Rhode Island To provide educational programs and instruction, any ancillary purposes, and all other lawful purposes.											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name William E. Howe			Vice President Name Valerie J. Howe								
Street Address 175 Metro Center Blvd., Unit 1			Street Address 175 Metro Center Blvd., Unit 1								
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886						
Secretary Name Valerie J. Howe			Treasurer Name Valerie J. Howe								
Street Address 175 Metro Center Blvd., Unit 1			Street Address 175 Metro Center Blvd., Unit 1								
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886						
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
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: ("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								
			<table border="1"> <thead> <tr> <th>Number of Shares</th> <th>Class Series</th> <th>Par Value</th> </tr> </thead> <tbody> <tr> <td colspan="3">200 shares common stock of \$0.1 par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Number of Shares	Class Series	Par Value	200 shares common stock of \$0.1 par value		
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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.

William E. Howe
Signature

3/21/17
Date

William E. Howe

Print or Type Name

President

Title

MAIL TO:

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

FILED

MAR 23 2017

By *[Signature]*