



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 MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			200 shares common stock of \$0.1 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.

William E. Howe
 Signature

3/21/17
 Date

William E. Howe
 Print or Type Name

President
 Title

FILED
MAR 23 2017
 BY *[Signature]*

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