



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

FILED *ee*

Annual Report for the year: 2018 Corporation

JAN 31 2018

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

BY 5846

1. Entity ID Number 43924		2. Exact name of the Corporation Fire Sprinkler Design, Inc.			
3. Principal Office Address 4 Avalon Place			City Cumberland	State RI	Zip 02864
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Design of Fire Protection Sprinkler Systems			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. Valletta			Vice-President Name Nancy B. Valletta		
Street Address 4 Avalon Place			Street Address 4 Avalon Place		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name David J. Valletta			Treasurer Name Nancy B. Valletta		
Street Address 4 Avalon Place			Street Address 4 Avalon Place		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			None		
			PAR VAL UF		
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 Nancy B. Valletta				Date 01/23/2018	
Signature of Authorized Representative <i>Nancy B. Valletta</i>					