



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

Annual Report for the year: 2018  
Corporation

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

**FILED**

FEB 20 2018

BY

1922  
[Signature]

1. Entity ID Number 119814		2. Exact name of the Corporation Fire & Emergency Services, Inc.	
3. Principal Office Address P.O. Box 17027		City Esmond	State RI
		Zip 02917	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Fire alarm system & emergency lighting testing & related services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name William F. Donahue, IV		Vice-President Name Joseph Izzo	
Street Address 26 Silver Spring Street		Street Address 27 Carnival Terrace	
City Providence	State RI	City West Warwick	State RI
Zip 02904		Zip 02893	
Secretary Name Joseph Izzo		Treasurer Name William F. Donahue, IV	
Street Address 27 Carnival Terrace		Street Address 26 Silver Spring Street	
City West Warwick	State RI	City Providence	State RI
Zip 02893		Zip 02904	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name William F. Donahue, IV		Director Name Joseph Izzo	
Street Address 26 Silver Spring Street		Street Address 27 Carnival Terrace	
City Providence	State RI	City West Warwick	State RI
Zip 02904		Zip 02893	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued	
600		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		600	common np par
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 William F. Donahue, IV, President		Date 2/12/18	
Signature of Authorized Representative [Signature] SIGN DOCUMENT HERE			

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