

State of Rhode Island and Providence Plantations

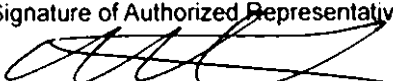
Department of State - Business Services Division

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.

1. Entity ID Number 89439		2. Exact name of the Corporation ASSURED FIRE PREVENTION, INC.			
3. Principal Office Address 6 Holiday Court			City Lincoln	State RI	Zip 02865
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A BUSINESS INVOLVED IN THE SALE, INSTALLATION AND SERVICING OF SPRINKLER FIRE PROTECTION SYSTEMS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael J. Parrott			Vice-President Name Vacant		
Street Address 6 Holiday Court			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Michael J. Parrott			Treasurer Name Michael J. Parrott		
Street Address 6 Holiday Court			Street Address 6 Holiday Court		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Parrott			Director Name		
Street Address 6 Holiday Court			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
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	PAR VALUE
			100	COMMON	NO 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. <i>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.</i>					
Name of Authorized Representative MICHAEL J. PARROTT					Date 1/30/2018
Signature of Authorized Representative 					

FILED

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

FEB 28 2018

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