



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

Annual Report for the year: 2018
Corporation

STAMP

- 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 789065		2. Exact name of the Corporation NEW ENGLAND SAFETY SYSTEMS INC.			
3. Principal Office Address 745 COUNTY STREET		City TAUNTON		State MA	Zip 02780
4. NAICS Code 54 1990		6. Brief description of the character of business conducted in Rhode Island PERFORMING SERVICE AND INSTALLATIONS IN THE FOLLOWING AREAS: ELECTRICAL, SECURITY SYSTEMS, FIRE ALARMS, TELEPHONE AND SECURITY ALARM MONITORING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN E. BRENNICK			Vice-President Name ANN-MARIE P. BRENNICK		
Street Address 745 COUNTY STREET			Street Address 745 COUNTY STREET		
City TAUNTON	State MA	Zip 02780	City TAUNTON	State MA	Zip 02780
Secretary Name ANN-MARIE P. BRENNICK			Treasurer Name ANN-MARIE P. BRENNICK		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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
			100		COMMON
			PAR VALUE		0.01
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 John Brennick III					Date 2-28-18
Signature of Authorized Representative 					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

FILED

MAR 12 2018

FORM 630 - Revised: 10/2017

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