



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 135032	2. Name of Corporation BURRILLVILLE FIRE ALARM INC		
State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 115 CENTRAL Street	City HARRISVILLE	Zip 02830
Foreign corporation. Enter principal office address		City	State Zip

Brief Description of the character of the affairs which are actually conducted in Rhode Island
 FIRE ALARM throughout THE TOWN OF Burrillville 238210

President Name JOSEPH E. BERTHOLIC			Vice President Name RONALD W. SLOCUM		
Street Address 46 OAKLAND School St			Street Address 115 CENTRAL Street		
City OAKLAND	State RI	Zip 02858	City HARRISVILLE	State RI	Zip 02830
Secretary Name Robert R. Keable			Treasurer Name BRENDA M. GINGELL ACTING		
Street Address 141 HOWARD AVENUE			Street Address 115 CENTRAL Street		
City PASCOAG	State RI	Zip 02859	City HARRISVILLE	State RI	Zip 02830

Director Name Joseph E. BERTHOLIC			Director Name RONALD W. SLOCUM		
Street Address 46 OAKLAND School Street			Street Address 115 CENTRAL Street		
City OAKLAND	State RI	Zip 02858	City HARRISVILLE	State RI	Zip 02830
Director Name Robert R. Keable			Director Name BRENDA M. GINGELL		
Street Address 141 HOWARD AVENUE			Street Address 115 CENTRAL Street		
City PASCOAG	State RI	Zip 02859	City HARRISVILLE	State RI	Zip 02830

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-137-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
 MAY 03 2018
 BY 2910

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.

Brenda M. Gingell
 Signature of Officer
 BRENDA M. GINGELL
 Print or Type Name of Officer
 ACTING TREASURER/SECRETARY
 Title of Officer

