



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 43924		2. Name of Corporation Fire Sprinkler Design, Inc.			
3. Street Address, Principal Business Office 3 Sandy Way			City Cumberland	State RI	Zip 02864-3469
4. Business Phone No. (401) 658-4606		5. State of Incorporation RHODE ISLAND		6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island DESIGN OF FIRE PROTECTION SPRINKLER SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David J. Valletta			Vice President Name Nancy B. Valletta		
Street Address 3 Sandy Way			Street Address 3 Sandy Way		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name David J. Valletta			Treasurer Name Nancy B. Valletta		
Street Address 3 Sandy Way			Street Address 3 Sandy Way		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
8,000 NO PAR VALUE			None		

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



File Date 1/31/05  
Check No 3511  
By: DA  
FOR SECRETARY OF STATE USE ONLY

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.  
Nancy B. Valletta 01/28/2005  
Signature of Officer Date  
Nancy B. Valletta  
Print or Type Name of Officer  
Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>43924</b>		2. Name of Corporation <b>Fire Sprinkler Design, Inc.</b>			
3. Street Address: Principal Business Office <b>3 Sandy Way</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-3469</b>
4. Business Phone No. <b>(401) 658-4606</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7518</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DESIGN OF FIRE PROTECTION SPRINKLER SYSTEMS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>David J. Valletta</b>			Vice President Name <b>Nancy B. Valletta</b>		
Street Address <b>3 Sandy Way</b>			Street Address <b>3 Sandy Way</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-3469</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-3469</b>
Secretary Name <b>David J. Valletta</b>			Treasurer Name <b>Nancy B. Valletta</b>		
Street Address <b>3 Sandy Way</b>			Street Address <b>3 Sandy Way</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-3469</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-3469</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 NO PAR VALUE</b>			<b>None</b>		

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



\* 4 3 9 2 4 \*

File Date 2-2-04  
Check No. 3307  
By: 11/10  
FOR SECRETARY OF STATE USE ONLY

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.

Nancy B. Valletta 01-27-2004  
Signature of Officer Date  
Nancy B. Valletta  
Print or Type Name of Officer  
Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **43924** 2. Name of Corporation **Fire Sprinkler Design, Inc.**

3. Street Address Principal Business Office **3 Sandy Way** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No **(401) 658-4606** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design of Fire Protection Sprinkler Systems**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David J. Valletta</b>	Vice President Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>David J. Valletta</b>	Treasurer Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

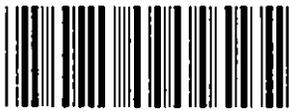
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



\* 4 3 9 2 4 \*

File Date: 2/7/03  
Check No: 3102  
By: Slu

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.

Signature of Officer: Nancy B. Valletta Date: 02/05/2003  
Print or Type Name of Officer: Nancy B. Valletta  
Title of Officer: Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **43924** 2. Name of Corporation **Fire Sprinkler Design, Inc.**  
3. Street Address Principal Business Office **3 Sandy Way** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No. **(401) 658-4606** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design of Fire Protection Sprinkler Systems**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David J. Valletta</b>	Vice President Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>David J. Valletta</b>	Treasurer Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>

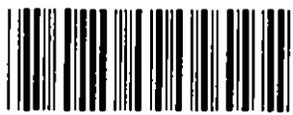
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares **8,000 NC PAR VALUE** Class/Series Par Value

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
**None** Number of Shares Class/Series Par Value

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



\* 4 3 9 2 4 \*

File Date: 2-7-02  
Check No: 2918  
By: [Signature]

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.  
Nancy B. Valletta 02-07-2002  
Signature of Officer Date  
Nancy B. Valletta  
Print or Type Name of Officer  
Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **43924** 2. Name of Corporation **Fire Sprinkler Design, Inc.**

3. Street Address Principal Business Office **3 Sandy Way** City **Cumberland** State **RI** Zip **02864**

4. Business Phone No. **(401) 658-4606** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design of Fire Protection Sprinkler Systems**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David J. Valletta</b>	Vice President Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City State Zip <b>Cumberland RI 02864</b>	City State Zip <b>Cumberland RI 02864</b>
Secretary Name <b>David J. Valletta</b>	Treasurer Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City State Zip <b>Cumberland RI 02864</b>	City State Zip <b>Cumberland RI 02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8000 SHARES NO PAR VAL**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



\* 4 3 9 2 4 \*

File Date: 2/23

Check No.: 2739

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Nancy B. Valletta 02-21-2001  
Signature of Officer Date

Nancy B. Valletta  
Print or Type Name of Officer

Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **43924** 2. Name of Corporation **Fire Sprinkler Design, Inc.**  
3. Street Address Principal Business Office **3 Sandy Way** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No. **(401) 658-4606** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design of Fire Protection Sprinkler Systems**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David J. Valletta</b>			Vice President Name <b>Nancy B. Valletta</b>		
Street Address <b>3 Sandy Way</b>			Street Address <b>3 Sandy Way</b>		
City	State	Zip	City	State	Zip
<b>Cumberland</b>	<b>RI</b>	<b>02864</b>	<b>Cumberland</b>	<b>RI</b>	<b>02864</b>
Secretary Name <b>David J. Valletta</b>			Treasurer Name <b>Nancy B. Valletta</b>		
Street Address <b>3 Sandy Way</b>			Street Address <b>3 Sandy Way</b>		
City	State	Zip	City	State	Zip
<b>Cumberland</b>	<b>RI</b>	<b>02864</b>	<b>Cumberland</b>	<b>RI</b>	<b>02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8000 SHARES NO PAR VAL**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



\* 4 3 9 2 4 \*

File Date: 11/8/00  
Check No.: 2535  
By: [Signature]

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.

Nancy B. Valletta 01-10-2000  
Signature of Officer Date  
Nancy B. Valletta  
Print or Type Name of Officer  
Vice President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **43924** 2. Name of Corporation **Fire Sprinkler Design, Inc.**

3. Street Address Principal Business Office **3 Sandy Way** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No. **(401) 658-4606** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design of Fire Protection Sprinkler Systems**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David J. Valletta</b>	Vice President Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City State Zip <b>Cumberland RI 02864</b>	City State Zip <b>Cumberland RI 02864</b>
Secretary Name <b>David J. Valletta</b>	Treasurer Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City State Zip <b>Cumberland RI 02864</b>	City State Zip <b>Cumberland RI 02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>8000 SHARES NO PAR VAL</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>None</b>		

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



File Date: Jan 27, 1999

Check No.: 2357

By: JD.

FOR SECRETARY OF STATE USE ONLY

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.

Nancy B. Valletta 01-13-99  
Signature of Officer Date  
Nancy B. Valletta  
Print or Type Name of Officer  
Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **43924** 2. Name of Corporation **Fire Sprinkler Design, Inc.**  
3. Street Address Principal Business Office **3 Sandy Way** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No. **(401) 658-4606** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design of Fire Protection Sprinkler Systems**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>David J. Valletta</b> Street Address <b>3 Sandy Way</b> City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	Vice President Name <b>Nancy B. Valletta</b> Street Address <b>3 Sandy Way</b> City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>David J. Valletta</b> Street Address <b>3 Sandy Way</b> City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	Treasurer Name <b>Nancy B. Valletta</b> Street Address <b>3 Sandy Way</b> City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>8000 SHARES NO PAR VAL</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<b>None</b>		

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



File Date: 1-15-98

Check No.: 2177

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Nancy B. Valletta 01-15-98  
Signature of Officer Date

Nancy B. Valletta  
Print or Type Name of Officer

Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **43924** 2. Name of Corporation **Fire Sprinkler Design, Inc.**  
3. Street Address Principal Business Office **3 Sandy Way** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No. **(401) 658-4606** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Design of Fire Protection Sprinkler Systems**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>David J. Valletta</b>	Vice President Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>David J. Valletta</b>	Treasurer Name <b>Nancy B. Valletta</b>
Street Address <b>3 Sandy Way</b>	Street Address <b>3 Sandy Way</b>
City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8000 SHARES NO PAR VAL</b>			<b>None</b>		

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



File Date: 2/19/97  
Check No.: 2012  
By: COV / SKC

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.

Signature of Officer: Nancy B. Valletta Date: 02-07-97  
Print or Type Name of Officer: Nancy B. Valletta  
Title of Officer: Vice President

PROFIT CORPORATION  
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 43924 2. NAME OF CORPORATION Fire Sprinkler Design, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 3 SANDY WAY CITY CUMBERLAND STATE RI ZIP CODE 02864

4. BUSINESS PHONE NO. (401) 658-4606 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 7518

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
DESIGN OF FIRE PROTECTION SPRINKLER SYSTEMS

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME DAVID J. VALLETTA VICE PRESIDENT NAME NANCY B. VALLETTA

STREET ADDRESS 3 SANDY WAY STREET ADDRESS 3 SANDY WAY

CITY CUMBERLAND STATE RI ZIP CODE 02864 CITY CUMBERLAND STATE RI ZIP CODE 02864

SECRETARY NAME DAVID J. VALLETTA TREASURER NAME NANCY B. VALLETTA

STREET ADDRESS 3 SANDY WAY STREET ADDRESS 3 SANDY WAY

CITY CUMBERLAND STATE RI ZIP CODE 02864 CITY CUMBERLAND STATE RI ZIP CODE 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME NONE DIRECTOR NAME NONE

STREET ADDRESS NONE STREET ADDRESS NONE

CITY NONE STATE NONE ZIP CODE NONE CITY NONE STATE NONE ZIP CODE NONE

DIRECTOR NAME NONE DIRECTOR NAME NONE

STREET ADDRESS NONE STREET ADDRESS NONE

CITY NONE STATE NONE ZIP CODE NONE CITY NONE STATE NONE ZIP CODE NONE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
	8000 SHARES NO PAR VAL			NONE	

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/7/96  
Check No: 1835  
By: [Signature] For Secretary of State Use Only

Nancy B. Valletta  
Signature of Officer  
Nancy B. Valletta  
Print or Type Name of Officer  
Vice President  
Title of Officer  
02/06/96  
Date

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0043224 Annual Report for the year: 1995

Name of Corporation: Fire Sprinkler Design, Inc.

Business entity organized under the laws of the State of: RI & PROV. PLANT.  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
3 SANDY WAY  
CUMBERLAND  
RI 02864  
 Phone: (401) 658-4606

Brief statement of the character of business conducted in Rhode Island:  
DESIGN & HYDRAULIC CALCULATIONS  
& CONSULTING FOR FIRE SPRINKLER SYSTEMS.

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
DAVID J. VALLETTA	3 SANDY WAY	CUMBERLAND, RI	02864
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
NANLY B. VALLETTA	3 SANDY WAY	CUMBERLAND, RI	02864
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
SAME AS PRESIDENT			
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
SAME AS VICE-PRESIDENT			

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	
Number of Shares	Class / Series
8,000	ONE CLASS

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series

Date: 02/14, 19 95

By: David J. Valletta  
 DAVID J. VALLETTA  
PRINT OR TYPE NAME OF OFFICER SIGNING  
 President  
TITLE OF OFFICER SIGNING

Form 31 1/95 **DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DAVID J. VALLETTA  
 3 SANDY WAY  
 CUMBERLAND RI 02864

**FILED**  
 FEB 15 1995  
 By DC 1658

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

0043924

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
Fire Sprinkler Design, Inc.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of: RI & PROV. PLANT.

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

3 SANDY WAY  
CUMBERLAND  
RI 02864

Phone: (401) 658-4606

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

DAVID J. VALLETTA  
3 SANDY WAY  
CUMBERLAND  
RI 02864

Brief statement of the character of business conducted in Rhode Island:  
DESIGN & HYDRAULIC CALCULATIONS,  
CONSULTING FOR FIRE SPRINKLER SYSTEMS

Date of Organization: 7-23-87

Date of Qualification to do business in Rhode Island (if foreign entity):  
\_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	DAVID J. VALLETTA	3 SANDY WAY	CUMBERLAND, RI	02864
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	NANCY B. VALLETTA	3 SANDY WAY	CUMBERLAND, RI	02864
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8,000  
CLASS ONE CLASS  
SERIES \_\_\_\_\_

PAR VALUE OR WITHOUT PAR WITHOUT

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER \_\_\_\_\_  
CLASS \_\_\_\_\_  
SERIES \_\_\_\_\_  
PAR VALUE OR WITHOUT PAR \_\_\_\_\_  
By David J. Valletta  
FEB 23 1994  
150096

all - David J. Valletta

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0043924

Annual Report for the year 1993

FIRST: The name of the corporation is FIRE SPRINKLER DESIGN, INC.

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS

THIRD: Character of business, briefly stated, is DESIGN OF FIRE SPRINKLER SYSTEMS  
& HYDRAULIC CALCULATIONS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 3 SANDY WAY  
CUMBERLAND, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>DAVID J. VALLETTA</u>	President	<u>3 SANDY WAY CUMBERLAND, RI 02864</u>
<u>NANCY B. VALLETTA</u>	Vice President	<u>3 SANDY WAY CUMBERLAND, RI 02864</u>
.....	Secretary	.....
.....	Treasurer	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>ONE CLASS</u>		<u>WITHOUT PAR VALUE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Rec'd & Filed MAR 25 1993  
COB 1364

Dated MARCH 19, 1993

FIRE SPRINKLER DESIGN, INC.  
(Name of Corporation)

By David J. Valletta

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

11 82 ms

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0012224 Annual Report for the year 1992

FIRST: The name of the corporation is Fire Sprinkler Design, Inc.

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS

THIRD: Character of business, briefly stated, is DESIGN OF FIRE SPRINKLER SYSTEMS & HYDRAULIC CALCULATIONS

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 294 ABBOTT RUN VALLEY RD. CUMBERLAND, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>DAVID J. VALLETTA</u>	President	<u>294 ABBOTT RUN VALLEY RD, CUMB, RI 02864</u>
<u>NANLY B. VALLETTA</u>	Vice President	<u>294 ABBOTT RUN VALLEY RD, CUMB, RI 02864</u>
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>ONE CLASS</u>		<u>WITHOUT PAR VALUE</u>

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

FEB 28 1992  
SECY OF STATE

Dated FEB. 26, 1992

FIRE SPRINKLER DESIGN, INC.  
(Name of Corporation)

By David J. Valletta

Title PRESIDENT

(to be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0043924 Annual Report for the year 1991

FIRST: The name of the corporation is Fire Sprinkler Design, Inc.

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND & PROV. PLANTATIONS

THIRD: Character of business, briefly stated, is FIRE SPRINKLER SYSTEM DESIGN & HYDRAULIC CALCULATIONS

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>DAVID J. VALLETTA</u>	President	<u>294 ABBOTT RUN VALLEY RD, CUMBER 02269</u>
<u>NANCY B. VALLETTA</u>	Vice President	<u>SAME</u>
.....	Secretary	.....
.....	Treasurer	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>8,000</u>	<u>ONE CLASS</u>

Par Value or statement that shares are without par value  
WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class
.....	.....

Par Value or statement that shares are without par value

RECEIVED  
JAN 14 1991  
SECRETARY OF STATE

Dated JAN. 10, 1991

FIRE SPRINKLER DESIGN, INC.  
(Name of Corporation)

By David J. Valletta

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*CZ*

Corporate ID 0043924 Annual Report for the year 1990

FIRST: The name of the corporation is Fire Sprinkler Design, Inc.

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS

THIRD: Character of business, briefly stated, is FIRE SPRINKLER SYSTEM DESIGN & HYDRAULIC CALCULATIONS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 294 ABBOTT RUN VALLEY RD. CUMBERLAND, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>DAVID J. VALLETTA</u>	President	<u>294 ABBOTT RUN VALLEY RD CUMB. RI 02864</u>
	Vice President	
	Secretary	
	Treasurer	

**FILED  
FEB 01 1990  
SECY. OF STATE**

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>8,000</u>	<u>ONE CLASS</u>	

Par Value or statement that shares are without par value  
WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series

Par Value or statement that shares are without par value

Dated JAN. 30, 1990

FIRE SPRINKLER DESIGN, INC.  
(Name of Corporation)

By David J. Valletta

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0043924

Annual Report for the year 1989

FIRST: The name of the corporation is Fire Sprinkler Design, Inc

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND & PROV PLANT.

THIRD: Character of business, briefly stated, is FIRE SPRINKLER SYSTEM DESIGN & HYDRAULIC CALCULATIONS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2970 MENDON RD #108 UNIT CUMBERLAND, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>DAVID J. VALLETTA</u>	President	<u>2970 MENDON RD #108 UNIT CUMB. RI 02864</u>
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>8,000</u>	<u>ONE CLASS</u>

Par Value or statement that shares are without par value  
**PAID**  
**FEB 02 1989**  
**REGY. OF STATE**  
WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class

Par Value or statement that shares are without par value  
Series

Dated JAN 30, 1989

FIRE SPRINKLER DESIGN, INC.  
(Name of Corporation)

By David J. Valletta

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 43924

Annual Report for the year 1988

FIRST: The name of the corporation is Fire Sprinkler Design, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is DESIGN OF FIRE PROTECTION SPRINKLER SYSTEMS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2970 MENDON RD. # Unit 108 CUMBERLAND, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>DAVID J. VALETTA</u>	President	<u>2970 MENDON RD. # Unit 108 CUMBERLAND, RI 02864</u>
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>8,000</u>	<u>ONE CLASS</u>

Par Value or statement that shares are without par value  
WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>0</u>	

Series  
**PAID**  
FEB 04 1988  
SECY. OF STATE  
Series  
**FEB 4 1988**  
SM

Par Value or statement that shares are without par value

Dated JAN. 25, 1988

FIRE SPRINKLER DESIGN, INC.