

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Divisio 100 North Main Stre Providence, RI 02903-133 401.222.304

Filing Period: January	v 1 - March 1 🔸 🛮 🗗 Fl	NNUAL REPOR	RT FOR THE YE	AR2005	<u> </u>
(FORM MUST BE TYPED O	R PRINTED IN BIACK) 2 Name of Corpora	tlon	<u></u>		·
89439	ASSURED F	RE PREVENTION, INC.			
3. Sirect Address Principal Bi 8 Harris Av		-	City	State	Zip
4. Business Phone No.	enue	5. State of Incorporation	Lincoln	RI	02865
		•			6. SIC Code
7 Brief Description of the Ch.	aracter of Business Conducted	RHODE ISLAND in Rhode Island			
8. NAMES AND ADDR President Name		THE SALE, INSTAKKATIONS: ("X" BOX FOR AT	TACHMENT) [] FILL II Vice President Name	RINKLER FORE PROTECTION SPACES BEFORE USING	
Sinor Address 8 Harris Av			Since Address 8 Harris Av	-	<u> </u>
Lincoln State RI Zip 02865			City Lincoln	State RI	^{Zip} 02365
Servian Name William A. Parrott, Jr.			Treasurer Name William A.	Parrott, Jr.	
8 Marris Avenue			Street Address 8 Harris Av	 	
Chy	State	Zip 4204.5	City	State	Zip
Lincoln	RI	02365	Lincoln	RI	02865
y, NAMES AND ADDR. Director Name NONE	ESSES OF THE DIRECT	ORS: ("X" BOX FOR A	TTACHMENT) FILL Director Name	IN SPACES BEFORE USING	G ATTACHMENTS
Street Address		·	Street Address	<u> </u>	
City	State	Zip	City	State	Zip
Director Name	J	····J	Director Name		
Street Address		<u>, </u>	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR A	 ITACHMENT)	1	("X" BOX FOR ATTACHM	 (ENT) [
Number of Shares	Class'Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
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This report mus	st be signed in ink by a	ither the President Vian	President Constant Acris	tant Secretary, Treasurer, Ri	
		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Under penalty of p	erjury. I declare and affirm that mpanying schedules and stater	t I have examined this r
File Date 1 O	1-6-1-0-5	-	Signature of Officer	7 7 4.	9/21
Check No.	236	-	, , <u>, -</u>	. Parrott, Jr.	• Due
Bv:	DA		Print or Type Name		
····	<u> </u>	ı	· · · · · · · · · · · · · · · · · · ·	, · 4:	

President

Tide of Officer



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-133. 401.222.304

Corporate ID No 89439	2. Name of Corpor	FIRE PREVENTION, INC.				
Street Address Principal Bu	isiness Office		City	State	Z.lp	
<u>8 Harris Av</u> Bustness Phone No.	enue		Lincoln	RI	02865	
ousties vinne pa		5. State of Incorporation			G. SIC Code	
Brief Description of the Che	aracter of Business Conducte	RHODE ISLAN d in Rhode Island			7880_	
			TON ANDSERVICING OF SPR	INKLER FORE PROTECTION	ON SYSTEMS.	
NAMES AND ADDRI Sident Name	ESSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS	
	Parrott, Jr.		William A. Pa	arrott, Jr.		
8 Harris Av			Street Address			
	enue		8 Harris Ave	nue		
r Timosla	State	Zip 02045	City	State	210	
Lincoln coary Name	J RI	1 02865	Lincoln Treasurer Name	RI	02865	
William A. Parrott, Jr.			William A. Pa	arrott. Jr.		
et Address		<u> </u>	Street Address			
<u>8 Harris Av</u>	, <u>.</u>		8 Harris Ave	Υ		
Lincoln	State RI	02865	City Lincoln	State RI	7.ip 02865	
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xior Name none		·	Director Name			
vi Addrixs			Street Address			
	State	Zip	City	State	Zip	
ctor Name	J	J	* Ottomas - Name		l	
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·	State	Zip	Chy	State	Zip	
. SHARES AUTHORI	IZED ("X" BOX FOR	ATTACHMENT) [: 11. SHARES ISSUED	("X" BOX FOR ATTACHA	I HENT') □	
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mber of Sharts	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
00 NO PAR VALUE			100	common	no par	
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This report mu	st be signed in ink by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer, R	leceiver or Truste	
	155161 /5115 15111 51505					
			11.3 1. 7			
	* 8 9 4 3 9	 ★		erjury. I declare and affirm the mpanying schedules and state		
2	12/01/		contained herein ar		1	
le Date	DD0104_		· William	A-V	<u> </u>	
and Nin	SUT		Signature of Officer	. 1 - 4-1	Date	
eck No		-		A. Parrott, Jr	•	
			Print or Type Name of Officer			

President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE VEAD

Filing Period: Janua	ry 1-March 1	Filing Fee: \$50.00		HE FEAR 2003		A ASE READ STRUCTIONS
(FORM MUST BE TYPED IN I	BLACK)					
1. Carparate ID No.	2. Name of Corpo			· • · ·	·	
89439		ASSURED F	RE PREVENTION	N, INC.		
3. Street Address Principal Busin			City	State	Zip	
8 Harris A	venue	Lir	ncoln	RI	02865	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
		Rhode Is	sland		7880	
7. Brief Description of the Chara						
		ire protection				
8. NAMES AND ADDR	ESSES OF THE OF	FICERS CX BOX FOR ATTAC	HMENT) FILL IN SPAC	ES BEFORE USING ATTAC	CHMENTS	
President Name			* Vice President Name		• •	
	Parrott, J	r.	William A.	Parrott, Jr.		
Street Address			Street Address			
8 Harris A			8 Harris A	venue		
City	State	Zip	City	State	Zip	
Lincoln,	RI	02865	Lincoln	RI 02865		
Secretary Name	D		Treasurer Name		•••	•••
	Parrott, J	r.	: William A	. Parrott, Jr.		
Street Address			Street Address			
8 Harris Av			8 Harris A	venue		
City Timpole	State	Zip	City	State	Zip	
Lincoln,	RI	02865	Lincoln	RI 02865		
9. NAMES AND ADDRI Director Name	ESSES OF THE DIF	RECTORS (*x* box for att	ACHMENT) FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS	
None						
Street Address			Street Address			
lity	e					
.ny	State	Zip	City	State	Zip	
Director Name		• • • • •				
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treet Address			Class 144			
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hie gemank				·		
ilis report must be sig	g nea in ink by eit	her the President, Vice 1	President, Secretary, A	ssistant Secretary, Treasi	irer, Receiver or	Trustee

File Date:	10/15/03	
	17108	C8859
Ву:	<u>vm</u>	
FOR SECRET	ARY OF STATE LISE 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.

Signature of Officer William A. Parrott, Jr.

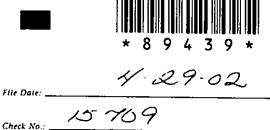
Print or Type Name of Officer President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division. 100 North Main Street, Providence, RI 02903-1335 401-222-3040

(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corpor	ration — — — —		• -	
89439	ASSURED	FIRE PREVENTION, INC.			
3. Street Address Principal Busin	ness Office	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
8 Harris Aven	nue		Lincoln		
4. Business Phone No.		5. State of Incorporation	PTHOTH	RI	02365
		RHODE ISLAND	1		6. SIC Code 7880
7. Brief Description of the Chara		in Rhode Island			7000
sale and serv	vice of fire	protection sy	stems		
8. NAMES AND ADDR	ESSES OF THE OFF	FICERS CX BOX FOR ATTAC	HMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		5 <u>5</u>
Carole A. Par	rott		Douglas Cort	nett	
Street Address			Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8 Harris Aven	ue		8 Harris Ave	enue	
City	State	Zip	City	State	Zip
Lincoln	RI	02365	Lincoln	RI	
Secretary Name	•		Treasurer Name	KI	02365
Carole A. Par	rott		•		
Street Address	1000		Carole A. Pa	irrott	
8 Harris Aven	110		•		
City	State	Zip	8 Harris Ave		
Lincoln	RI	· ·	City	State	Zip
	•	02865	:Lincoln	RI	02865
Director Name	F22F2 OF THE DIK	ECTORS ("X" BOX FOR ATT		CES BEFORE USING ATT	ACHMENTS
			Director Name		
none Street Address					
Street Address			Street Address		
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Director Name			Director Name		
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Street Address			Street Address		
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City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZ	ED (*x* box for att	'ACHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMENT	r)
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This report must be sig	ned in ink by eitl	her the President, Vice I	President, Secretary, As	sistant Secretary, Treasi	urer, Receiver or Trust
	5/5/	11)	•	•	
		 			



EOD SECRETARY OF STATE 11SE ONLY

Carole A. Parrott

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 terein are true and correct.

Print or Type Name of Officer

Signature of Officer

President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street, Providence, RI 02903-13. 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Fee: \$50.00



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2 Name of Corporat ASSURED F	on IRE PREVENTION,	INC.	••	
ess Office			156.64	7
ue		•	i	Zip
	S. State of Incorporation RHODE ISLAN		ΚŢ	02365 ** 7880
ter of Business Conducted in	Rhode Island			
ice of fire	protection sy	steme		
SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
rott		Douglas Co	rbett	
ıe				
State	Zip			Zia
RI	•	•		Zip
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ott		· ·	arrott	•
		Street Address	arrocc	·
ıe		8 Harris Av	enue	•
State	Zip	City	State	Zip
		Lincoln	RI	02865
SSES OF THE DIRE	CTORS (*X* BOX FOR ATT		CES BEFORE USING ATT	ACHMENTS
		Street Address		
State	7,0	· Wasan	. ,	_
	217	verty	State	Zip
		Director Name		
		Street Address		
State	Zip	Сиу	State	Zip
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VALUE		100	commor	n no par
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File Date:	10-29-01
Check No.:	15259

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 here in are true and correct.

Signature of Officer

Date

Carole A. Parrott

Print or Type Name of Officer ^Dresident



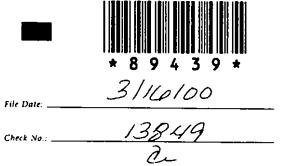
(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of St. Corporations Divis. 100 North Main Street, Providence, RI 02903-13 401-222-3L

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	2. Name of Corp	oration			
89439	ASSURED	FIRE PREVENTION,	INC.		
3. Street Address Principal Business O	ffice	. •	City	State	Zip
8 Harris Avenue			Lincoln	RI	•
4. Business Phone No.		5. State of Incorporation		KI	02865 6. SIC Code
		RHODE ISLA	ND		7880
7. Brief Description of the Character o	f Business Conduct				
sale and servic	e of fir	e protection s	vstems		
8. NAMES AND ADDRESS	ES OF THE O	FFICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC	ES BEFORE USING ATTACH	MENTS
President Name		en di energia del rise	Vice President Name	S S S S S S S S S S S S S S S S S S S	
Carole A. Parro	tt		Carole A.	Parrott	
Street Address			Street Address	arrocc	
8 Harris Avenue			8 Harris A		
City	State	Zip	City	State	Zip
Lincoln,	RI	02865	Lincoln		
Secretary Name	727	02005.	Treasurer Name	RI	02865
Carole A. Parro	t t:		Carole A. 1	Dannath	
Street Address			Street Address	rarrott	
8 Harris Avenue					
City	State	Zip	8 Harris A	venue State	71.
Lincoln	RI	02865	Lincoln		Zip
9. NAMES AND ADDRESS			_	RI	02865
Director Name	23 01 1111, 17	INECTORS CV. BOX YOR Y	Director Name	ACES BEFORE USING ATTAC	HMENIS
none					
Street Address			Street Address		

City	State	Zip	; Clty	Stale	71-
•		••		State	Zip
Director Name		40 - F. F. S. **** - **** *	Director Name		•
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Street Address			: : Street Address		
City	State	Zip	City	£1	7/-
•	21211	•• y·		State	Zip
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10. SHARES AUTHORIZED AUTHORIZED SHARES	LA BUATURA	I I ACHMEN I I		D ("X" BOX FOR ATTACHMENT)	
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			100	common	no par
		· · ·		 	<u>-</u>
This report must be signed					



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Signature of Officer

Carole A. Parrott
Print or Type Name of Officer

Dracidant



Check No .:

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BLACK)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of Sta Corporations Divisie 100 North Main Street, Providence, RI 02903-13: 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 89439	2 Name of Corpore ASSURED	FIRE PREVENTION	, INC.		
3. Street Address Principal Busines	s Office	•	City	State	\ \(\bar{Zip} \)
8 Harris Avenu	ie '	•	Lincoln	RT	02865
4. Business Phone No.	~ •	S. State of Incorporation RHODE ISLA	n -	and the same of the same	6. SIC Code 7880
7. Brief Description of the Characte					
sale and servi	ce of fire	protection s	vstems		
8 NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) () FILL IN SPAC	ES BEFORE USING ATTACE	HMENTS TO
Carole A. Parr	rott		Vice President Name		
Street Address	.000		Carole A. Pa	arrott	
8 Harris Avenu	ıe		8 Harris Ave	nue	
City	State	Zip	City	State	Zip
Lincoln,	RI	02865	Lincoln Treasurer Name	RI	02865
Carole A. Parr	ott		Carole A. Pa	rratt	
Street Address			Street Address	rriorr	7.5
8 Harris Avenu	ıe		8 Harris Ave	nuo	
City	State	Zip	Clay	State	€ZIp
Lincoln	RI	02865	Lincoln	RI	
9. NAMES AND ADDRES					02865
Director Name		EGIONS CX MOX FOR X	Director Name	CES BEFORE USING ATTA	CHMENIS : Q
none					
Street Address			Street Address		
City	State	Zip	City	State	Zip -
					•
Director Name		•• •• - •• • • • • • • • • • • • • • •	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZE	D ("X" BOX FOR ALT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	D
AUTHORIZED SHARES			ESUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be sign	ed in ink by eith	per the President Vice	Drasidant Sacratani A	ssistant Secretary, Treasur	
1		ici die Fresident, Vict	e rresident, secretary, A!	sistant Secretary, Treasur	er, Receiver or Truste
183/2) 3 0 0 4 0 3 0 4 4	111 100 1			
		Bit (SE)			

Lacol Signature of Officer Carole A. Parrott Print or Type Name of Officer President

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of Sta Corporations Divist 100 North Main Street, Providence, RI 02903-13. 401-277-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN I	BLACK)				
1. Corporate ID No. 89439	2. Name of Corpor ASSURED	FIRE PREVENTION	, INC.		· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Busin	ess Office	• • •=	City	State	Zip
8 Harris Av	enue		Lincoln	RI	02865
4. Business Phone No.		5. State of Incorporati		•	6. SIC Code
7. Brief Description of the Chara		In Rhode Island			7880
·	- ·· ·· ·	re protection			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR AT			-
Carole A. P	arrott		Vice President Name	~~~~++	
Street Address	allocc	•	Carole A. P	arrocc	
8 Harris Av	enue		Street Address 8 Harris Av	enue	
City	State	Zip	City	. State	7:-
Lincoln	RI	02865	Lincoln	RI	, zip 02865
Secretary Name	********	* * * * * * * * * * * * * * * * * * * *	Treasurer Name		
Carole A. Parrott			Carole A. P	arrott	
Street Address		• • •	Street Address		• • • • • • • • • • • • • • • • • • • •
8 Harris Av	enue		8 Harris Av	enue	
CHy Tinooln	State D.T.	Zip ODOCE	City	State	Zip 00055
Lincoln,	RI	02865	Lincoln	RI	02865
9. NAMES AND ADDR! Director Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR A	•		
none			Director Name		
Street Address			Street Address		
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City	State	Zip	City	, State	i Zip
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Director Name	*****	*** * *******************	Director Name	***************************************	*******************
Street Address					
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City	State	Zip	City	· State	Zip
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10. SHARES AUTHORIZ AUTHORIZED SHARES	LED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	3
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			100	common	no par
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File Date:	8-6-98	
Check No.:	12824	
By:	AMF	<u></u>

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

Stanature of Officer Carole A. Parrott

Print or Type Name of Officer

President



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-277-304

PROFIT CORPORATION ANNUAL REPORT 1997

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

1. Corporate ID No. 89439	2. Name of Corpora ASSURED	FIRE PREVENTION,	INC.		
3. Street Address Principal Bus 8 Harris A	siness Office		_{cuy} Lincoln	State RI	zip 02865
4. Business Phone No.		5. State of Incorporation RHODE ISLAI	ND		6. SIC Code 7880
7. Brief Description of the Cha sale and s	oructer of Business Conducted : ervice of fir	n Rhode Island Te protection	syst e ms		
8. NAMES AND ADD President Name Carole A. 1		CERS (*X* BOX FOR ATTAC	Vice President Name	- 	- · <u>-</u> - ·
	ratioll		Carole A. I	Parrott	
Street Address 8 Harris A	venue		Street Address 8 Harris Av	venue	
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
Secretary Name Carole A 1	Parrott		Treasurer Name	2	•
Carole A. Parrott			Carole A. I	Parrott	
8 Harris A	venue		Street Address 8 Harris Av	zenije	
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" ROX FOR ATT	*		02003
Director Name			Director Name		
none			;		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
Director Name		• • . •	Director Name	* ***** / * * * * ***** / *	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED AND ISSUED (X' BOX FOR ATTACHMENT)	. BOURT) GIARRY		
Number of Shares	Class/Series	Par Value	SSUID SHARES Number of Shares	Class/Serles	Par Value
100 SHS NO PAR	R VALUE		100	•	•
			100	common	no par
			President, Secretary, Ass		

	* 8 9 4 3 9 *
File Date:	4/10/97
Check No.:	440
By:FOR SECRETAR	Y 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 statements consined herein are true and correct.

Signature of Officer

Carole A. Parrott

President