



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

**Annual Report for the year: 2019 Corporation**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV.

2019 NOV 12 PM 3:07

- 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 <b>001018630</b>		2. Exact name of the Corporation <b>FOOS FIRE INC.</b>			
3. Principal Office Address <b>12-4 TECHNOLOGY DRIVE</b>			City <b>EAST SETAUKET</b>	State <b>NY</b>	Zip <b>11733</b>
4. NAICS Code <b>238900</b>		6. Brief description of the character of business conducted in Rhode Island <b>SERVICE, INSPECTION AND INSTALL FIRE SPRINKLER EQUIPMENT</b>			
5. State of Incorporation <b>NY</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>KRISTIE JOHNSON</b>			Vice-President Name <b>N/A</b>		
Street Address <b>12-4 TECHNOLOGY DRIVE</b>			Street Address		
City <b>EAST SETAUKET</b>	State <b>NY</b>	Zip <b>11733</b>	City	State	Zip
Secretary Name <b>NA</b>			Treasurer Name <b>NA</b>		
Street Address			Street Address		
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 <b>NA</b>			Director Name <b>NA</b>		
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>		<b>COMMON</b>	<b>NO PAR VALUE</b>
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. 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.					
Name of Authorized Representative <b>DEIDRE DOUGHERTY</b>				Date <b>10-26-19</b>	
Signature of Authorized Representative <i>Deidre Dougherty</i>				NOV 12 2019 BY <b>HF2TX</b> <b>A.A. 3:08 PM</b>	