



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 2019 NOV 12 PM 3:07

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