



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2020

→ 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 001676649		2. Exact name of the Corporation Rustic Fire Protection, Inc.										
3. Principal Office Address 320 West Main Street		City Norton	State MA									
		Zip 02766										
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Fire Protection Services											
5. State of Incorporation MA												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Chad Dubuc		Vice-President Name										
Street Address 320 West Main Street		Street Address										
City Norton	State MA	Zip 02766										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Chad Dubuc		Director Name										
Street Address 320 West Main Street		Street Address										
City Norton	State MA	Zip 02766										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>Ø</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	Ø			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	STK	Ø										
Changes require an additional filing.												
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 Chad Dubuc President		Date 2/25/2020										
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED										

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 SECRETARY OF STATE
 CORPORATION DIV
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