



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Corporation

SEP 30 2020

BY 1119 OS

- 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 #000065291		2. Exact name of the Corporation TRI-STATE CONSULTANT CORP.			
3. Principal Office Address 150A SOUTH KILLINGLY RD			City FOSTER	State RI	Zip 02825
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island FIRE PROTECTION CONSULTING			
5. State of Incorporation MASS.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Rotondo			Vice-President Name LAURENCE ROSE		
Street Address 150A SOUTH KILLINGLY RD			Street Address 31 DOMENIC ST		
City FOSTER	State RI	Zip 02825	City MILLVILLE	State MA	Zip 01529
Secretary Name LAURENCE ROSE			Treasurer Name LAURENCE ROSE		
Street Address 31 DOMENIC ST			Street Address 31 DOMENIC ST		
City MILLVILLE	State MA	Zip 01529	City MILLVILLE	State MA	Zip 01529
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100		NONE
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 LAURENCE ROSE				Date 9/24/2020	
Signature of Authorized Representative 					