



FILED

JAN 20 2021

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Annual Report for the year: 2021
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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1. Entity ID Number 000112984		2. Exact name of the Corporation Central Sprinkler Company			
3. Principal Office Address 1400 Pennbrook Pkwy			City Lansdale	State PA	Zip 19446
4. NAICS Code <u>541330</u>		6. Brief description of the character of business conducted in Rhode Island Engineered Products			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rekha Agrawal			Vice-President Name Jennifer Leong		
Street Address 1400 Pennbrook Pkwy			Street Address 6600 Congress Ave		
City Lansdale	State PA	Zip 19446	City Boca Raton	State FL	Zip 33487
Secretary Name Michael Epstein			Treasurer Name Anthony McGraw		
Street Address 1400 Pennbrook Pkwy			Street Address 6600 Congress Ave		
City Lansdale	State PA	Zip 19446	City Boca Raton	State FL	Zip 33487
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Epstein			Director Name Anthony McGraw		
Street Address 1400 Pennbrook Pkwy			Street Address 6600 Congress Ave		
City Lansdale	State PA	Zip 19446	City Boca Raton	State FL	Zip 33487
Director Name Jennifer Leong			Director Name		
Street Address 6600 Congress Ave			Street Address		
City Boca Raton	State FL	Zip 33487	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		CLASS/FRS	PAR VALUE
		52,500		PWP	.01
		100,000		CWP	.01
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 Anthony McGraw				Date 1/11/2021	
Signature of Authorized Representative 					