



State of Rhode Island

Department of State - Business Services Division

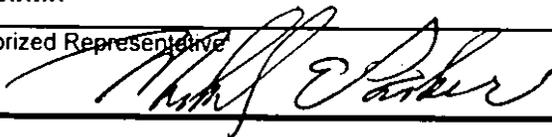
Annual Report for the year: 2021
Corporation

FILED
STAMP

JAN 29 2021

BY 18902 DS

- 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 66080		2. Exact name of the Corporation SUN FIRE PROTECTION AND ENGINEERING, INC.			
3. Principal Office Address 32 VICKSBURG STREET		City PROVIDENCE		State RI	Zip 02904
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island DESIGN AND INSTALLATION OF FIRE PROTECTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL E. PARKER			Vice-President Name SAME		
Street Address 32 VICKSBURG STREET			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 MICHAEL E. PARKER			Director Name		
Street Address 32 VICKSBURG STREET			Street Address		
City PROVIDENCE	State RI	Zip 02904	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		CLASS/SERIES	PAR VALUE
		100		COMMON	NPV
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 MICHAEL E. PARKER				Date 01/15/2021	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov