Annua
Corpo

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

al Report for the year: 2021

ration

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

3. Principal Office Address

5. State of Incorporation

1. Entity ID Number

P.O. Box 17027

4. NAICS Code

119814

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

F	II :=	4	ĪΑ	mP
 	IL 🤄	Ŋ	•••	• • • •

rch 1		FEB 01 2821			
if form is not filed by April 1.					
2. Exact name of the Corporation Fire & Emergency Servi	ces, Inc.				
	City	State	Zip	٦	
	Esmond	RI	02917		
6. Brief description of the character					
Fire alarm system and emergen	cy lighting testing and rel	ated services			
		O		_	
esses)		Check the box to indi	cate an attachment L	ᆚ	
IV	Vice-President Name Josep	h lzzo			

RI	_						
7. List ALL officers (names a	nd addresses)			Che	ck the box to indic	cate an attachment	
President Name William F. Donahue, IV			Vice-President N	Vice-President Name Joseph Izzo			
Street Address 26 Silver Spring Street			Street Address 27 Carnival Terrace				
City Providence	State RI	^{Zip} 02904	City West Wan	wick	State RI	Zip 02893	
Secretary Name Joseph Izzo			Treasurer Name William F. Donahue, IV				
Street Address 27 Carnival Terrace			Street Address	Street Address 26 Silver Spring Street			
City West Warwick	State RI	^{Zip} 02893	City Providence		State RI	Zip 02904	
8. List ALL directors (names	and addresses)			Che	ck the box to indi-	cate an attachment	
Director Name William F. Donahue, IV			Director Name Joseph Izzo				
Street Address 26 Silver Spring Street			Street Address 27 Carnival Terrace				
City Providence	State RI	Zip 02904	City West Warwick		State RI	Z _{IP} 02893	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is	sued	Che	L ck the hox to indi	cate an attachment	
This information is currently of record in the Department of State.			OF SHARES	CLASS/SERIES PAR VALUE			
		600		COMMON		NO PAR	
Changes require an additiona	l filing.	<u> </u>		<u> </u>			
11. This report must be exec	cuted on behalf of the	corporation by an	authorized represe	ntative. If the co	rporation is in the	hands of a receiver or	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

Name of Authorized Representative

William F. Donahue, IV, President Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov Date