



State of Rhode Island  
**Department of State - Business Services Division**

FILED

FEB 18 2021

B-6-310  
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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.

1. Entity ID Number 000043924		2. Exact name of the Corporation Fire Sprinkler Design, Inc.			
3. Principal Office Address 4 Avalon Place			City Cumberland	State RI	Zip 02864
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Design of Fire Protection Sprinkler Systems.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name David J. Valletta			Vice-President Name Nancy B. Valletta		
Street Address 4 Avalon Place			Street Address 4 Avalon Place		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name David J. Valletta			Treasurer Name Nancy B. Valletta		
Street Address 4 Avalon Place			Street Address 4 Avalon Place		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VAL UF
		None			1
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.					
<b>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.</b>					
Name of Authorized Representative Nancy B. Valletta					Date 02/11/2021
Signature of Authorized Representative <i>Nancy B. Valletta</i>					