



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 JAN 19 P 2:54

1. Entity ID Number 89439		2. Exact name of the Corporation Assured fire Protection INC.	
3. Principal Office Address 6 Holiday ct		City Lincoln	State RI
4. NAICS Code 992160		6. Brief description of the character of business conducted in Rhode Island Service and install fire 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 Michael Panoff		Vice-President Name	
Street Address 6 Holiday ct		Street Address	
City Lincoln	State RI	City	State
Zip 02865		City	State
Secretary Name Michael J. Panoff		Treasurer Name Michael J. Panoff	
Street Address 6 Holiday ct		Street Address 6 Holiday ct	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael J. Panoff		Director Name	
Street Address 6 Holiday ct		Street Address	
City Lincoln	State RI	City	State
Zip 02865		City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
			Wt Par
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 J. Panoff		Date 1/19/23	
Signature of Authorized Representative 			

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