



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN 19 P 2:54

1. Entity ID Number 89439		2. Exact name of the Corporation <i>Assured fire Protection INC.</i>	
3. Principal Office Address <i>6 Holiday ct</i>		City <i>Lincoln</i>	State <i>RI</i>
		Zip <i>02865</i>	
4. NAICS Code <i>992160</i>	6. Brief description of the character of business conducted in Rhode Island <i>Service and install fire sprinkler systems</i>		
5. State of Incorporation <i>RI</i>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <i>Michael Panoff</i>		Vice-President Name	
Street Address <i>6 Holiday ct</i>		Street Address	
City <i>Lincoln</i>	State <i>RI</i>	Zip <i>02865</i>	
Secretary Name <i>Michael J. Panoff</i>		Treasurer Name <i>Michael J. Panoff</i>	
Street Address <i>6 Holiday ct</i>		Street Address <i>6 Holiday ct</i>	
City <i>Lincoln</i>	State <i>RI</i>	Zip <i>02865</i>	City <i>Lincoln</i>
			State <i>RI</i>
			Zip <i>02865</i>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <i>Michael J. Panoff</i>		Director Name	
Street Address <i>6 Holiday ct</i>		Street Address	
City <i>Lincoln</i>	State <i>RI</i>	Zip <i>02865</i>	
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
		<i>100</i>	<i>Common</i>
			<i>W6 Par</i>
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 <i>Michael J. Panoff</i>		Date <i>1/19/23</i>	
Signature of Authorized Representative <i>[Signature]</i>			

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

FILED
 256
 JAN 19 2023
 BY MS emefu