



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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 D.I. DEPT. OF STATE
 BUS SVCS DIV

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

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 Sawtth</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>	City	State Zip
Secretary Name <i>Michael J. Sawtth</i>		Treasurer Name <i>Michael J. Sawtth</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. Sawtth</i>		Director Name		
Street Address <i>6 Holiday ct</i>		Street Address		
City <i>Lincoln</i>	State <i>RI</i>	Zip <i>02865</i>	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
		<i>100</i>	<i>Common</i>	<i>Nil 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. Sawtth</i>			Date <i>1/19/23</i>	
Signature of Authorized Representative <i>[Signature]</i>				

FILED 255

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BY MS emcfv