

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

Penalty: Additional \$25.00	iee ii torm is not	illed by May 31.						
1. Entity ID Number		2. Exact name of the Corporation						
000119814	Fire & Er	Fire & Emergency Services, Inc.						
3. Principal Office Address			City		State	State Zip		
P.O. Box 17027			Esmond	nd Ri		02917		
4. NAICS Code	6. Brief descrip	Brief description of the character of business conducted in Rhode Island						
238210	Fire alarm	Fire alarm system and emergency lighting testing and related services						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and ac	ldresses)		•		the box to i	ndicate ar	attachment 🔲	
President Name William F. Doi	Vice-President Name Joseph Izzo							
Street Address 26 Silver Sprin	Street Address 27 Carnival Terrace							
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02904			State RI	ŀ	<sup>Zip</sup> 02893	
Secretary Name Joseph Izzo			Treasurer Name William F. Donahue, IV					
Street Address 27 Carnival Terrace			Street Address 26 Silver Spring Street					
<sup>City</sup> West Warwick	State RI	<sup>Zip</sup> 02893			State RI		<sup>Zıp</sup> 02904	
8. List ALL directors (names and a	addresses)			Check	the box to	ndicate ar	n attachment 🔲	
Director Name William F. Don	Director Name Joseph Izzo							
Street Address 26 Silver Spring Street			Street Address 27 Carnival Terrace					
City Providence	State RI	<sup>Zip</sup> 02904	City West Warwick		State RI		<sup>Zip</sup> 02893	
Director Name	Director Name							
Street Address	Street Address							
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issu	lod.	Chack	the boy to i	indicate a	n attachment	
This information is currently of record in the Department of State.		NUMBER OF		CLASS/SERIE				
		600		Common		No Par		
Changes require an additional filing	g.					<u> </u>		
11. This report must be executed					oration is in	the hands	of a receiver or	
trustee, this report must be executionally of perjury, I decl	are and affirm ti	hat I have examine	d this report, i		mpanying s	chedules	and	
statements, and that all statem Name of Authorized Representati		herein are true and	correct.		TD-4-			
William F. Donahue, IV					Date 2/3/23			
Signature of Authorized Represer	ntative				1 ,			

MAIL TO:

**Division of Business Services** 

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

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