(157)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

JOHN E. BRENNICK, PRESIDENT Signature of Authorized Representative

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00→ Penalty. Additional \$25	5.00 fee if form is no	t filed by April 1.		, -		——	
1. Entity ID Number	2. Exact name of the Corporation						
789065	NEW ENGLAND SAFETY SYSTEMS, INC.						
3. Principal Office Address	City		State	Zip			
74S COUNTY STREET			TAUNTON		MA	02780	
4. NAICS Code	6. Bnef description of the character of business conducted in Rhode Island						
561621	PERFORMING SERVICE AND INSTALLATIONS IN THE FOLLOWING AREAS: ELECTRICAL,						
5. State of Incorporation	SECURITY SYSTEMS, FIRE ALARMS, TELEPHONE AND SECURITY ALARM MONITORING						
RI							
7. List ALL officers (names a	ind addresses)			Chack I	lhe box to indi	cate an attachment 🔲	
President Name JOHN E. BRI	Vice-President Name ANN-MARIE P. BRENNICK						
Street Address 745 COUNTY STREET			Street Address 745 COUNTY STREET				
Cny TAUNTON	State MA	Z-p 02780	City TAUNTON		State MA	Z ¹⁰ 02780	
Secretary Name ANN-MARIE P. BRENNICK			Treasurer Name ANN-MARIE P. BRENNICK				
Street Address SAME			Street Address SAME				
Cdy	State	Ζιρ	City		State	Zip	
8. List ALL directors (names	and addresses)			Check	the box to indi	cate an attachment	
Disclor Name			Director Name				
Street Address		·	Street Address				
City	State	Zo	City		State	Z·p	
Director Name			Director Name				
Street Address			Street Address				
Cay	State	Zip	City		State	Ζφ	
9. Shares Authorized	10. Shares Is		Sued	ed Check the box to indicate an attachment			
This information is currently of record in the		MARIER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State.		100		COMMON		0.01	
Changes require an additiona	il filing.					· · · · · · · · · · · · · · · · · · ·	
11. This report must be exec							
trustee, this report must be a Under penalty of perjury, I	declare and affirm t	that I have examin	ned this report, inc	luding any accom	npenying sch	edules and	
statements, and that all st	atements contained	herein are true a	nd correct.				
Name of Authorized Repres	entalive			_	Date	1 10	