



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Corporation  
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is PROFESSIONAL FIRE SYSTEMS, INC.

SECTION II

It is incorporated under the laws of State: MA Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

SECTION IV

The date of its incorporation is 11/30/2005

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 304 TURNPIKE ROAD

City or Town: SOUTHBOROUGH State: MA Zip: 01772 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY  
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 01748

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

INSTALLATION, MAINTENANCE AND TESTING OF FIRE PROTECTION SPRINKLER SYSTEMS.

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS E DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
TREASURER	LISA MARIE DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
SECRETARY	LISA MARIE DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
DIRECTOR	LISA MARIE DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
DIRECTOR	THOMAS E DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS E DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
TREASURER	LISA MARIE DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
SECRETARY	LISA MARIE DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
DIRECTOR	LISA MARIE DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA
DIRECTOR	THOMAS E DIRIENZO	189 SADDLE HILL ROAD HOPKINTON, MA 01748 USA

#### SECTION IX

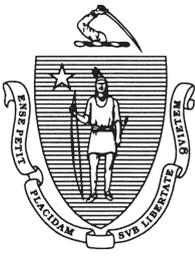
The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	15,000.00

**Signed this 12 Day of April, 2023 at 4:09:21 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By LISA MARIE DIRIENZO, SECRETARY  
Signature of Authorized Officer of the Corporation





*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

Date: April 11, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,

**PROFESSIONAL FIRE SYSTEMS, INC.**

is a domestic corporation organized on **November 30, 2005** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 23040196030

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: ssc



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

April 12, 2023 04:07 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

