

**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**Corporation**

→ Filing period: February 1 - May 1

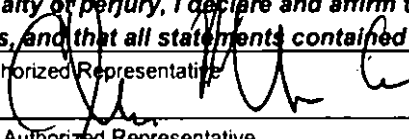
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED<sup>1</sup>**

**FEB 08 2024**

BY 102423  
DS

1. Entity ID Number 000130050		2. Exact name of the Corporation MAMMOTH FIRE ALARMS, INC.			
3. Principal Office Address 176 WALKER STREET			City LOWELL	State MA	Zip 01854
4. NAICS Code 335900		6. Brief description of the character of business conducted in Rhode Island  SERVICE/INSTALLATION			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DIANE R. BEAULIEU			Vice-President Name		
Street Address 176 WALKER STREET			Street Address		
City LOWELL	State MA	Zip 01854	City	State	Zip
Secretary Name CHARLES BEAULIEU, SR.			Treasurer Name CHARLES BEAULIEU, SR.		
Street Address 176 WALKER STREET			Street Address 176 WALKER STREET		
City LOWELL	State MA	Zip 01854	City LOWELL	State MA	Zip 01854
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name DIANE R. BEAULIEU			Director Name CHARLES BEAULIEU, SR.		
Street Address 176 WALKER STREET			Street Address 176 WALKER STREET		
City LOWELL	State MA	Zip 01854	City LOWELL	State MA	Zip 01854
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
			PAR VALUE		
				0	
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.					
<b>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.</b>					
Name of Authorized Representative 					Date 1-25-24
Signature of Authorized Representative CHARLES BEAULIEU, SR.					

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov