



State of Rhode Island
Department of State - Business Services Division

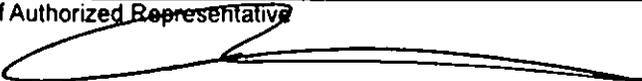
FILED

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Annual Report for the year: 2024
 Corporation

MAR 25 2024
 BY ASL

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

1. Entity ID Number 000119814		2. Exact name of the Corporation Fire & Emergency Services, Inc.			
3. Principal Office Address P.O. Box 17027			City Esmond	State RI	Zip 02917
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Fire alarm system and emergency lighting testing and related services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William F. Donahue, IV			Vice-President Name Joseph Izzo		
Street Address 26 Silver Spring Street			Street Address 27 Carnival Terrace		
City Providence	State RI	Zip 02904	City West Warwick	State RI	Zip 02893
Secretary Name Joseph Izzo			Treasurer Name William F. Donahue, IV		
Street Address 27 Carnival Terrace			Street Address 26 Silver Spring Street		
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William F. Donahue, IV			Director Name Joseph Izzo		
Street Address 26 Silver Spring Street			Street Address 27 Carnival Terrace		
City Providence	State RI	Zip 02904	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			600	Common	No Par
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 William F. Donahue, IV				Date 2/19/24	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov