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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
MAR 29 2024
BY

1. Entity ID Number	2. Exact name of the Corporation
000789065	NEW ENGLAND SAFETY SYSTEMS, INC.

3. Principal Office Address	City	State	Zip
745 COUNTY STREET	TAUNTON	MA	02870

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561621	PERFORMING SERVICE & INSTALLATIONS OF ELECTRICAL, SECURITY SYSTEMS, FIRE ALARMS, TELEPHONE AND ALARM
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JOHN E. BRENNICK, III	745 COUNTY STREET	TAUNTON	MA	02870

Vice-President Name	Street Address	City	State	Zip
ANN-MARIE P. BRENNICK	745 COUNTY STREET	TAUNTON	MA	02870

Secretary Name	Street Address	City	State	Zip
JOHN E. BRENNICK, III	745 COUNTY STREET	TAUNTON	MA	02870

Treasurer Name	Street Address	City	State	Zip
ANN-MARIE P. BRENNICK	745 COUNTY STREET	TAUNTON	MA	02870

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	STK	0.000

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	Date
JOHN E. BRENNICK, III PRESIDENT	3/25/24

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

FORM 630- Revised: 12/2023