



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

JAN 31 2025

BY 11214

1. Entity ID Number 000789065		2. Exact name of the Corporation NEW ENGLAND SAFETY SYSTEMS, INC.			
3. Principal Office Address 745 COUNTY STREET		City TAUNTON		State MA	Zip 02870
4. NAICS Code 561621		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name JOHN E. BRENNICK, III			Vice-President Name ANN-MARIE P. BRENNICK		
Street Address 745 COUNTY STREET			Street Address 745 COUNTY STREET		
City TAUNTON	State MA	Zip 02870	City TAUNTON	State MA	Zip 02870
Secretary Name JOHN E. BRENNICK, III			Treasurer Name ANN-MARIE P. BRENNICK		
Street Address 745 COUNTY STREET			Street Address 745 COUNTY STREET		
City TAUNTON	State MA	Zip 02870	City TAUNTON	State MA	Zip 02870
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		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 JOHN E. BRENNICK, III PRESIDENT					Date 1/20/25
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.n.gov

FORM 630- Revised: 12/2023