



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
FEB 11 2025
BY 1957 *ov*

1. Entity ID Number 1691836		2. Exact name of the Corporation FIRE GUARD SPRINKLERS, INC.			
3. Principal Office Address PO BOX 2278			City ATTLEBORO	State MA	Zip 02703
4. NAICS Code 126816		6. Brief description of the character of business conducted in Rhode Island FIRE PROTECTION			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT G. ROSE			Vice-President Name SAME		
Street Address PO BOX 2278			Street Address		
City ATTLEBORO	State MA	Zip 02703	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALBERT G. ROSE			Director Name		
Street Address PO BOX 2278			Street Address		
City ATTLEBORO	State MA	Zip 02703	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/SERIALS
			100		COMMON 100
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 Albert G. Rose					Date 2/6/2025
Signature of Authorized Representative <i>Albert G. Rose</i>					

MAIL TO:
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