RI SOS Filing Number: 202569742050 Date: 4/10/2025 11:24:00 AM

State of Rhode Island						
Department of State - Business Services Division					STARP	
Annual Report for the year:	2024				D R	
Corporation ————————————————————————————————————						
→ Filing Fee: \$50.00						
→ Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number						
Q 1 1 4 8		Facilities G	roup Inc	16		
3. Principal Office Address	City State Zip				Zip	
252 East Avenue			Norwalk	СТ	06855	
4. NAICS Code	6. Brief description	on of the character	of business conducted	n Rhode Island		
541330	Professional engineering firm providing Mechanical, Electrical, Plumbing,					
5. State of Incorporation CT	Fire Protection and Life Safety services.					
7. List ALL officers (names and addresses) Check the box to indicate an attach					te an attachment 🔲	
President Name Thomas E. Newbold			Vice-President Name Richard Sileo			
Street Address 252 East Avenue			Street Address 252 East Avenue			
^{City} Norwalk	State CT	^{Zip} 06855	City Norwalk	State C	Zip 06855	
Secretary Name	Treasurer Name				1 222.2	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment						
Director Name Eleanor Lynn			Director Name			
Street Address 252 East Avenue			Street Address			
^{City} Norwalk	State CT	^{Zip} 06855	City	State	Zip	
Director Name	 	.	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized	41-46-	10. Shares Issue		heck the box to indica	ate an attachment PAR VALUE	
This information is currently of record in the Department of State.		10 NO		DASSISERIES	TAN VALUE	
Changes require an additional filing.		$+\alpha U_1 W$			-	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-						
ceiver 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 Lorraine Vega		Date 4-9-2025				
Signature of Authorized Representative						
FILED						

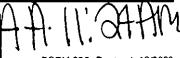
MAIL TO:

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