



State of Rhode Island
Department of State - Business Services Division

FILED

APR 21 2025

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.

CB BY 6853

1. Entity ID Number 000043924		2. Exact name of the Corporation Fire Sprinkler Design, Inc.			
3. Principal Office Address 4 Avalon Place			City Cumberland	State RI	Zip 02864
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Design of Fire Protection Sprinkler Systems.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David J. Valletta			Vice-President Name Nancy B. Valletta		
Street Address 4 Avalon Place			Street Address 4 Avalon Place		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name David J. Valletta			Treasurer Name Nancy B. Valletta		
Street Address 4 Avalon Place			Street Address 4 Avalon Place		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		
			C. ASS/SRIFS		
			PAR VALUE		
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 Nancy B. Valletta					Date 04/16/2025
Signature of Authorized Representative <i>Nancy B. Valletta</i>					