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
APR 21 2025
BY 6863

1. Entity ID Number	2. Exact name of the Corporation			
000043924	Fire Sprinkler Design, Inc.			
3. Principal Office Address		City	State	Zip
4 Avalon Place		Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541330	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	8000	STK	0
Changes require an additional filing.			

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
Nancy B. Valletta	04/16/2025

Signature of Authorized Representative: Nancy B. Valletta

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