RI SOS Filing Number: 202573068090 Date: 5/13/2025 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation		
000116428	Project Fire Holding, Inc		
3. Principal Office Address: 115 Cardinal Road	City: Cranston	State: RI	Zip: 02921
4. NAICS Code: 238210	6. Brief description of the character of business conducted in Rhode Island: To Install, develope manufacture,fabricate and design fire protection equipment for commercial,residential and industrial properties		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jose C. Inocencio			Vice-President Name: William M. Fournier		
Street Address: 115 Cardinal Road			Street Address: 48 Whitmarsh Street		
City: Cranston	State: RI	Zip: 02921	City: Providence	State: RI	Zip: 02907
Secretary Name: Jose C. Inocencio			Treasurer Name: Jose C. Inocencio		
Street Address: 115 Cardinal Road			Street Address: 115 Cardinal Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Jose C. Inocencio			Director Name: William M. Fournier		
Street Address: 115 Cardinal Road			Street Address: 48 Whitmarsh Street		
City: Cranston	State: RI	Zip: 02921	City: Providence	State: RI	Zip: 02907
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100.00	CNP	No 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	Date
Jose C. Inocencio	5/5/25

Signature of Authorized Representative

FILED
MAY 13 2025
BY 1146643

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