



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02903-2615
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 544718		2. Exact name of the limited liability company ASP Fire & Specialty Products LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To sell and distribute fire prevention and/or protection devices			
5. Principal office address 620 Warwick Avenue		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jason E. Pannone			Contact Title Manager		
Street Address 620 Warwick Avenue		City Warwick	State RI	Zip 02888	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Jason E. Pannone			Manager Name James S. Gladney		
Street Address 620 Warwick Avenue		Street Address 28 Mallard Cove Way			
City Warwick	State RI	Zip 02888	City Barrington	State RI	Zip 02806
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

544718

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 OCT 31 PM 1:00

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.

Gary R. Pannone 10/26/11
Signature of Authorized Person Date

Gary R. Pannone, Authorized Person

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 31 2011
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	