



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 98997		2. Exact name of the Corporation PFAC, INC.			
3. Principal office address 297 Water Street, Unit D-2			City Portsmouth	State RI	Zip 02871
4. Business Phone No. (401) 965-8120			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island INSTALLING, REPAIRING, SERVICING, MAINTAINING AND/OR MONITORING BURGLARY AND FIRE ALARM SYSTEMS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas C. Mitchell			Vice-President Name Thomas C. Mitchell		
Street Address 1111 N. Gulfstream Avenue			Street Address 1111 N. Gulfstream Avenue		
City Sarasota	State FL	Zip 34236-5534	City Sarasota	State FL	Zip 34236-5534
Secretary Name Thomas C. Mitchell			Treasurer Name Thomas C. Mitchell		
Street Address 1111 N. Gulfstream Avenue			Street Address 1111 N. Gulfstream Avenue		
City Sarasota	State FL	Zip 34236-5534	City Sarasota	State FL	Zip 34236-5534
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas C. Mitchell			Director Name		
Street Address 1111 N. Gulfstream Avenue			Street Address		
City Sarasota	State FL	Zip 34236-5534	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY 1766

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.

Thomas C Mitchell 2-23-15
 Signature of Authorized Representative Date

Thomas C. Mitchell
 Print or Type Name of Authorized Representative