



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 **2016**

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 310 Reservoir Avenue			City Providence	State RI	Zip 02907
4. Business Phone No. (401) 461-2727			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					
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 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 Value

FILED

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: FEB 09 2016
 Check No.
 By:
 FOR SECRETARY OF STATE USE ONLY

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.

"1" Thomas C. Mitchell 2-1-16
 Signature of Authorized Representative Date

Thomas C. Mitchell
 Print or Type Name of Authorized Representative