



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 10 2023
 BY 330

1. Entity ID Number 135032		2. Exact name of the Corporation Burrillville Fire Alarm, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fire Alarm Throughout the town of Burrillville.			
4. NAICS Code 624230 - Emergency and Other R					
6. Principal Office Address 46 Oakland School Street			City Oakland	State RI	Zip 02858
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph E. Bertholic			Vice-President Name Richard Peck		
Street Address 46 Oakland School Street			Street Address 105 Pascoag Main Street		
City Oakland	State RI	Zip 02858	City Pascoag	State RI	Zip 02859
Secretary Name Sherri A. Ferri			Treasurer Name Sherri A. Ferri		
Street Address 46 Oakland School Street			Street Address 46 Oakland School Street		
City Oakland	State RI	Zip 02858	City Oakland	State RI	Zip 02858
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph E. Bertholic			Director Name Michael Dexter		
Street Address 46 Oakland School Street			Street Address 105 Pascoag Main Street		
City Oakland	State RI	Zip 02858	City Pascoag	State RI	Zip 02859
Director Name Michael E. Gingell			Director Name Lori L. Poirier		
Street Address 201 Callahan School St.			Street Address 46 Oakland School Street		
City Harrisville	State RI	Zip 02830	City Oakland	State RI	Zip 02858
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Sherri Ferri					Date 2/3/2023
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov