



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
 APR 21 2023
 BY: *[Signature]*

1. Entity ID Number 000294620		2. Exact name of the Corporation A. Fire & Safety Company, Inc.			
3. Principal Office Address 101 Mount Hope Ave			City Bristol	State RI	Zip 02809
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island FIRE AND SAFETY CONTRACTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Doreen A. DaSilva			Vice-President Name Francisco S. DaSilva		
Street Address 101 Mount Hope Ave			Street Address 101 Mount Hope Ave		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Paul M. Clement Jr.			Treasurer Name Francisco S. DaSilva		
Street Address			Street Address 101 Mount Hope Ave		
City	State	Zip	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Francisco S. DaSilva			Director Name		
Street Address 101 Mount Hope Ave			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1,000	Stock	\$0.01
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 Francisco S. DaSilva				Date 4/3/23	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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 Website: www.sos.ri.gov