RI SOS Filing Number: 202449618280 Date: 3/27/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

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→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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MAR 2 7 2024 BY 340	·

1. Entity ID Number	2. Exact name of the Corporation						
135032	Burrillville Fire Alarm, Inc						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Fire Alarm Throughout the town of Burrillville.						
4. NAICS Code	1	3					
624230 - Emergency and							
6. Principal Office Address	·		Cily	State	Zip		
46 Oakland School St.	Dakland School St.			RI	02858		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
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	^{Cily} 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 Al.I. directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to Indicate an attachment							
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 Marcel Fontenault			Director Name Lori L. Poirier				
Street Address 201 Callahan School St.			Street Address 46 Oakland School Street				
^{City} Harrisville	State RI	^{Zlp} 02830	^{Cily} 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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative JOSEPH E. Bertholic				1)ate 2/20	12024		
Signature of Officer/Authorized Representative							
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov