

A Raiph Modis, Secretary of State Corporations Division

148 W. River Street

Providence. RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGISLY IN BLACK BOX.

* In accordance with R.I.G.L. 7-1.2-1501(e), each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing the file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e); each curporation failing or refusing the file its annual report within the file its each curporation failing or refusing the file its each curporation fail its

subject to a penalty fee of \$25.00. L. Corporate ID No. 2. Name of Corporation 164635 A-SV SECURITY INC. 3. Street Address Principal Business Off CRANSTON 410 LAUREL HILL AVENUE RI 02920 4. Business Phone N 5. State of Incorporation 813-885-1817 R.I. 6. Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box fill in spaces before using attachments President Name Vice President Name STEPHEN ROZZI Street Address Street Address 410 LAUREL HILL AVENUE : City State Ziρ CRANSTON RI 02920 Secretary Name Treasurer Name Street Address Street Address City State Zip: City Zip8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Director Name STEPHEN ROZZI Street Address Street Address 410 LAUREL HILL AVENUE State Zip - City State **CRANSTON** RI 02920 Director Name Director Name Street Address Street Address City State ZipCity State 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 100 COMMON \$0.01 instruction sheet.

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
File Dute	contained therein are true and correct.
9/1/24/18	Signature Date
Check No	STEPHEN ROZZI
Bu: MMMC)	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT
TOTAL DESIGNATION OF THE STATE	Title