



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary
Corporation
148 W.
Providence, RI 02901
40

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150) subject to a penalty fee of \$25.00.

1. Corporate ID No. 9824		2. Name of Corporation SEACURE, INC.	
3. Street Address Principal Business Office 69 AVONDALE ROAD		City WESTERLY	State RI
4. Business Phone No. 401-348-3028		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ARNOLD M. HALL		Vice President Name NYCA C. HALL	
Street Address 68 AVONDALE RD.		Street Address 68 SEACURE, INC. AVONDALE	
City WESTERLY	State RI	City WESTERLY	State RI
Zip 02891		Zip 02891	
Secretary Name NYCA C. HALL		Treasurer Name ARNOLD M. HALL	
Street Address (SAME)		Street Address (SAME)	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name ARNOLD M. HALL		Director Name	
Street Address (ABOVE)		Street Address	
City	State	City	State
Zip		Zip	
Director Name NYCA C. HALL		Director Name	
Street Address (ABOVE)		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 4,000		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 1,500	Class Series ONE CLASS / -
		Par Value NONE	

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 this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date **MAR 03 2009**
Check No. **BY 10242**
By: _____

Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct.

Arnold M. Hall 28 Jan '09
Signature _____ Date _____
ARNOLD M. HALL
Print or Type Name