

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

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Business Corporation Annual Report

Filing Period: January 1 - March 1

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. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. <u>000126006</u>

2. Name of Corporation IDS HIGHWAY SAFETY, INC.

3. Street Address Principal Business Office:

No. and Street: 519 MENDON ROAD

P.O. BOX 8000

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

4. Business Phone No.

4013834000

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

### **SAFETY SERVICES**

#### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

| Title               | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |  |
|---------------------|---|---|--|
| PRESIDENT           | IRENE RAY                                   | 136 SCOTT ROAD<br>CUMBERLAND, RI 02864 USA              |  |
| TREASURER           | IRENE RAY                                   | 136 SCOTT ROAD<br>CUMBERLAND, RI 02864 USA              |  |
| SECRETARY           | IRENE RAY                                   | 136 SCOTT ROAD<br>CUMBERLAND, RI 02864 USA              |  |
| ASSISTANT SECRETARY | GARY R ALGER                                | P.O. BOX 8000   |  |

|                | CUMBERLAND, RI 02864 USA |  |
|----------------|--------------------------|--|
| VICE PRESIDENT | KRISTEN RAY              | 136 SCOTT ROAD<br>CUMBERLAND, RI 02864 USA |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br>Num of<br>Shares |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.0000            | 600.00   | 100  |

9. 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.

**Signed this 24 Day of January, 2013 at 5:09:43 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By GARY R ALGER

Signature of Authorized Representative of the Corporation

#### ASST SECRETARY

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved