

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20Filing Period: June 1 - June 30 • This report must be typed or printed legibly. Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation 1. Entity ID No. **Homeland Security Compliance Council** 599835 4. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation To cultivate the science of jurisprudence. **RHODE ISLAND** Zip **02886** State 5. Principal office address Warwick RI 20 Centerville Road 6"LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name Charles M. Miller S. Christopher Stowe, Jr. Street Address Street Address 12441 Ventura Boulevard 20 Centerville Road State State City Zip Zip City 91604 RI 02886 **Studio City** CA Warwick Treasurer Name Secretary Name S. Christopher Stowe, Jr. Marcine Seid Street Address Street Address 20 Centerville Road 1530 The Alameda, Suite 310 City State Zip City State Zip 02886 95126 Warwick RI San Jose 7. LIST <u>ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Charles M. Miller S. Christopher Stowe, Jr. Street Address Street Address 12441 Ventura Boulevard 20 Centerville Road State Zip State City City Zip 91604 02886 **Studio City** CA RΙ Warwick Director Name Director Name Marcine Seid Street Address Street Address 1530 The Alameda, Suite 310 State Zip City State Zip City 95126 CA San Jose 8. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED	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.
Check No.	JUL 2 6 2013 	Signature of Officer Date  SHRISTOPHED STOWE, JR.
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Officer
Form No. 631	•	President / Treasurer
Revised: 05/2012		Title of Officer