



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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>4230</u>		2. Exact name of the Corporation <u>CITY LOCK SERVICE & SUPPLY COMPANY, Inc.</u>					
3. Principal office address <u>1804 ELMWOOD AVENUE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>			
4. Business Phone No. <u>(401) 781-6440</u>		5. State of Incorporation <u>RHODE ISLAND</u>					
6. Brief description of the character of business conducted in Rhode Island <u>LOCKSMITH SERVICES</u>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <u>SUSAN CROWELL</u>		Vice-President Name <u>SUSAN CROWELL</u>					
Street Address <u>27 METROPOLITAN AVENUE</u>		Street Address <u>27 METROPOLITAN AVENUE</u>					
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>		
Secretary Name <u>SUSAN CROWELL</u>		Treasurer Name <u>SUSAN CROWELL</u>					
Street Address <u>27 METROPOLITAN AVENUE</u>		Street Address <u>27 METROPOLITAN AVENUE</u>					
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <u>- NONE -</u>		Director Name <u>- NONE -</u>					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name <u>- NONE -</u>		Director Name <u>- NONE -</u>					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					NUMBER OF SHARES <u>600</u>	CLASS/SERIES <u>51</u>	PAR VALUE <u>NOPAR</u>

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.

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 _____

By: _____

FEB 13 2014

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

BY 29070

Print or Type Name of Authorized Representative