



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 2015**

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.<br><b>4255</b>                                                                                                                               |                    | 2. Exact name of the Corporation<br><b>Castle Vault &amp; Lock Company, Inc.</b> |                                                  |                     |                     |
| 3. Principal office address<br><b>184 Power Street</b>                                                                                                        |                    | City<br><b>Providence</b>                                                        | State<br><b>RI</b>                               | Zip<br><b>02906</b> |                     |
| 4. Business Phone No.                                                                                                                                         |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                                 |                                                  |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>General locksmith and hardware business</b>                                 |                    |                                                                                  |                                                  |                     |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                           |                    |                                                                                  |                                                  |                     |                     |
| President Name<br><b>Linda Therisod</b>                                                                                                                       |                    |                                                                                  | Vice-President Name<br><b>Francesco Therisod</b> |                     |                     |
| Street Address<br><b>P.O. Box 4960</b>                                                                                                                        |                    |                                                                                  | Street Address<br><b>P.O. Box 4960</b>           |                     |                     |
| City<br><b>Rumford</b>                                                                                                                                        | State<br><b>RI</b> | Zip<br><b>02916</b>                                                              | City<br><b>Rumford</b>                           | State<br><b>RI</b>  | Zip<br><b>02916</b> |
| Secretary Name<br><b>Linda Therisod</b>                                                                                                                       |                    |                                                                                  | Treasurer Name<br><b>Francesco Therisod</b>      |                     |                     |
| Street Address<br><b>P.O. Box 4960</b>                                                                                                                        |                    |                                                                                  | Street Address<br><b>P.O. Box 4960</b>           |                     |                     |
| City<br><b>Rumford</b>                                                                                                                                        | State<br><b>RI</b> | Zip<br><b>02916</b>                                                              | City<br><b>Rumford</b>                           | State<br><b>RI</b>  | Zip<br><b>02916</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                          |                    |                                                                                  |                                                  |                     |                     |
| Director Name<br><b>Linda Therisod</b>                                                                                                                        |                    |                                                                                  | Director Name<br><b>Francesco Therisod</b>       |                     |                     |
| Street Address<br><b>P.O. Box 4960</b>                                                                                                                        |                    |                                                                                  | Street Address<br><b>P.O. Box 4960</b>           |                     |                     |
| City<br><b>Rumford</b>                                                                                                                                        | State<br><b>RI</b> | Zip<br><b>02916</b>                                                              | City<br><b>Rumford</b>                           | State<br><b>RI</b>  | Zip<br><b>02916</b> |
| Director Name<br><b>NONE</b>                                                                                                                                  |                    |                                                                                  | Director Name<br><b>NONE</b>                     |                     |                     |
| Street Address                                                                                                                                                |                    |                                                                                  | Street Address                                   |                     |                     |
| City                                                                                                                                                          | State              | Zip                                                                              | City                                             | State               | Zip                 |
| <b>9. SHARES AUTHORIZED</b>                                                                                                                                   |                    |                                                                                  |                                                  |                     |                     |
| <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                                                    |                    |                                                                                  |                                                  |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of 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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 29 2015**

BY 1068

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.

Signature of Authorized Representative

Date

**Linda Therisod, PRESIDENT**

Print or Type Name of Authorized Representative