



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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

1. Corporate ID No. 14431		2. Name of Corporation National Security Corporation			
3. Street Address Principal Business Office 65 Newport Avenue			City East Providence	State RI	Zip 02916
4. Business Phone No. 401-438-8880		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Communications and Alarm Systems					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher P. Morra			Vice President Name Christopher P. Morra JR		
Street Address 65 Newport Avenue			Street Address 65 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Christopher P. Morra			Treasurer Name Christopher P. Morra		
Street Address 65 Newport Avenue			Street Address 65 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher P. Morra			Director Name		
Street Address 65 Newport Avenue			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 100		Class/Series Common	Par Value no par		
		THIS SECTION MUST BE COMPLETED			

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.

FILED

DEC 28 2015

OS 27/164

File Date	61
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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

Date

Christopher P. Morra

Print or Type Name

President

Title