



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 2016

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. 81529		2. Exact name of the Corporation Eastern Security Corporation			
3. Principal office address 307 Branch Avenue		City Providence	State RI	Zip 02904	
4. Business Phone No. 401-272-0056		5. State of Incorporation R. I.			
6. Brief description of the character of business conducted in Rhode Island To engage in the sale, service, installation, and repair of residential and commercial burglary.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Deborah A Simeone			Vice-President Name Frank Simeone III		
Street Address 10 Teakwood Drive			Street Address 10 Teakwood Drive		
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
Secretary Name Deborah A Simeone			Treasurer Name Frank Simeone III		
Street Address 10 Teakwood Drive			Street Address 10 Teakwood Drive		
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	CLASS/SERIES	PAR VALUE
			100		

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

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.

FILED
JAN 07 2015
BY DS 14533

Signature of Authorized Representative: *Deborah A Simeone*
 Date: *1/4/16*
 Print or Type Name of Authorized Representative: **Deborah A Simeone**