



**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. <u>9824</u>		2. Exact name of the Corporation <u>SECURE, INCORPORATED</u>		
3. Principal office address <u>69 AVONDALE RD.</u>		City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
4. Business Phone No. <u>401-348-3028</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>CONSULTING / MARINE OPERATIONS</u>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
President Name <u>ARNOLD M. HALL</u>		Vice-President Name <u>NYCA C. HALL</u>		
Street Address <u>68 AVONDALE RD.</u>		Street Address <u>68 AVONDALE RD.</u>		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>WESTERLY</u>	State <u>RI</u>
Secretary Name <u>NYCA C. HALL</u>		Treasurer Name <u>ARNOLD M. HALL</u>		
Street Address <u>68 AVONDALE RD</u>		Street Address <u>68 AVONDALE RD</u>		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>WESTERLY</u>	State <u>RI</u>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
Director Name <u>ARNOLD M. HALL</u>		Director Name		
Street Address <u>68 AVONDALE RD.</u>		Street Address		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City	State
Director Name <u>NYCA C. HALL</u>		Director Name		
Street Address <u>68 AVONDALE RD.</u>		Street Address		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>		
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
		<u>1,500</u>	<u>CNP</u>	<u>NONE</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 \_\_\_\_\_

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.

Arnold M. Hall 2/12/16  
 Signature of Authorized Representative Date

ARNOLD M. HALL  
 Print or Type Name of Authorized Representative

**FILED**

FEB 16 2016

BY 11578 DS