

**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. 000791664		2. Exact name of the Corporation STRUCTURE WORKS, INC.			
3. Principal office address 43 MILL STREET, PO BOX 868			City DOVER PLAINS	State NY	Zip 12522
4. Business Phone No. 845-877-1460			5. State of Incorporation NY		
6. Brief description of the character of business conducted in Rhode Island  SECURITY INTEGRATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name JAMES MUNCEY			Vice-President Name LELAND M. WOOD		
Street Address 344 LAKE ELLIS ROAD			Street Address 26 DROVERS LANE		
City WINGDALE	State NY	Zip 12594	City DOVER PLAINS	State NY	Zip 12522
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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
			150	COMMON	0

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

MAR 15 2016

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KL16538

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

JAMES MUNCEY

Print or Type Name of Authorized Representative

## Rhode Island Statements

3/3/2016 12:36 PM

### Statement 1 - Form RI 630, Line 7 - Names and Addresses of Officers

<u>Pos</u>	<u>First Name</u>	<u>Last Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
V	WALTER H.	CROPLEY, JR.	94 CRAIG LANE	DOVER PLAINS	NY	12522