



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. 677873		2. Exact name of the Corporation BASS SECURITY SERVICES INC.			
3. Principal office address 26701 RICHMOND RD			City BEDFORD HTS	State OH	Zip 44146
4. Business Phone No. 216-755-1200		5. State of Incorporation OH			
6. Brief description of the character of business conducted in Rhode Island SALES & SERVICE OF LOCKS, DOORS, FRAMES, CCTV, EAS SECURITY SYSTEMS AND RELATED HARDWARE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DALE BASS			Vice-President Name KEN KOSSIN		
Street Address 26701 RICHMOND RD			Street Address 26701 RICHMOND RD		
City BEDFORD HTS	State OH	Zip 44146	City BEDFORD HTS	State OH	Zip 44146
Secretary Name SUSAN BASS			Treasurer Name		
Street Address 26701 RICHMOND RD			Street Address		
City BEDFORD HTS	State OH	Zip 44146	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
			750	STK	0

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

11:00 am

05/20/2016

FILED

Signature of Authorized Representative

Date

KIM PRICE

Print or Type Name of Authorized Representative

MAY 26 2016

By 275240
 KM