



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 2528		2. Exact name of the Corporation Security 1 Inc			
3. Principal Office Address 10 B Butter Lane		City Charlestown	State Rd	Zip 02813	
4. Business Phone Number 401-466-2907		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Security Alarm Monitoring					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Tammy Tyler			Vice-President Name Tammy Tyler		
Street Address 10 B Butter Lane			Street Address 10 B Butter Lane		
City Charlestown	State Rd	Zip 02813	City Charlestown	State Rd	Zip 02813
Secretary Name Tammy Tyler			Treasurer Name Tammy Tyler		
Street Address 10 B Butter Lane			Street Address 10 B Butter Lane		
City Charlestown	State Rd	Zip 02813	City Charlestown	State Rd	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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. 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.					
Name of Authorized Representative Tammy Tyler					Date 7-18-16
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

FILED

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