



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

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 000081759		2. Exact name of the Corporation Security Services of Connecticut, Inc			
3. Principal Office Address 25 Controls Drive		City Shelton		State CT	Zip 06484
4. Business Phone Number: 203-925-6103		6. Brief description of the character of business conducted in Rhode Island Provide contract uniformed security guard services and private investigations services to businesses oprtating in Rhode Island			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A Linsky			Vice-President Name Harry Kraft Cohn		
Street Address 45 Ridgeway Road			Street Address 44 Harbour View Place		
City Easton	State CT	Zip 06612	City Stratford	State CT	Zip 06615
Secretary Name Louise Linsky			Treasurer Name Louise Linsky		
Street Address 45 Ridgeway Road			Street Address 45 Ridgeway Road		
City Easton	State CT	Zip 06612	City Easton	State CT	Zip 06612
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David A. Linsky			Director Name Harry Kraft Cohn		
Street Address 45 Ridgeway Road			Street Address 44 Harbour View Place		
City Easton	State CT	Zip 06612	City Stratford	State CT	Zip 06615
Director Name Louise Linsky			Director Name Robert Weintraub		
Street Address 45 Ridgeway Road			Street Address 126 Flat Rock Road		
City Easton	State CT	Zip 06612	City Easton	State CT	Zip 06612
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 5,000		CLASS/SERIES CNP	PAR VALUE \$0.00
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 Louise Linsky				Date 1/12/2017	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 17 2017

293381 FORM 630 - Revised: 08/2016

A.A. 12:35 P.M.