



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

FILED

JAN 20 2017

002430

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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. 36046		2. Exact name of the Corporation INDUSTRIAL SECURITY AND INVESTIGATORS, INC.		
3. Principal office address 58 Waterman Avenue		City North Providence	State RI	Zip 02911
4. Business Phone No. 231-8130		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Investigative and Protective Services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jon Volatile		Vice-President Name David Pacia		
Street Address 58 Waterman Avenue		Street Address 58 Waterman Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI
Secretary Name GIAN GENTILE		Treasurer Name Jon Volatile		
Street Address 58 Waterman Avenue		Street Address 58 Waterman Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Jon Volatile		Director Name		
Street Address 58 Waterman Avenue		Street Address		
City North Providence	State RI	Zip 02911	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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
		100	common	no par
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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.

Signature of Authorized Representative Jon Volatile Date 1/11/17
 Print or Type Name of Authorized Representative