



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 000154284		2. Exact name of the Corporation Andy Frain Services, Inc.			
3. Principal Office Address 761 Shoreline Drive			City Aurora	State IL	Zip 60504
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Security Guard and Patrol Services, Stadium and Event Services			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David H Clayton			Vice-President Name Laura Grund		
Street Address 761 Shoreline Dr			Street Address 761 Shoreline Dr		
City Aurora	State IL	Zip 60504	City Aurora	State IL	Zip 60504
Secretary Name Laura Grund			Treasurer Name		
Street Address 761 Shoreline Dr			Street Address		
City Aurora	State IL	Zip 60504	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David H Clayton			Director Name Laura Grund		
Street Address 761 Shoreline Dr			Street Address 761 Shoreline Dr		
City Aurora	State IL	Zip 60504	City Aurora	State IL	Zip 60504
Director Name Thomas Powers			Director Name		
Street Address 6103 McCue Rd			Street Address		
City Union	State IL	Zip 60180	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		120,000		CNP	
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. <i>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.</i>					
Name of Authorized Representative Laura Grund				Date 01-09-2017	
Signature of Authorized Representative <i>Laura Grund</i>				FILED	

JAN 23 2017

MAIL TO:
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 Website: www.sos.ri.gov

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