



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 <u>387092</u>		2. Exact name of the Corporation <u>Advanced Safety Systems Inc.</u>			
3. Principal Office Address <u>141 Summit St</u>		City <u>Peabody</u>	State <u>ma</u>	Zip <u>01960</u>	
4. NAICS Code <u>42</u>		6. Brief description of the character of business conducted in Rhode Island <u>Distributors - Service - Inspection</u>			
5. State of Incorporation <u>Mass.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William Machay</u>			Vice-President Name		
Street Address <u>141 Summit St</u>			Street Address		
City <u>Peabody</u>	State <u>ma</u>	Zip <u>01960</u>	City	State	Zip
Secretary Name <u>Laura Laurantziano</u>			Treasurer Name		
Street Address <u>141 Summit St</u>			Street Address		
City <u>Peabody</u>	State <u>ma</u>	Zip <u>01960</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>William Machay</u>			Director Name		
Street Address <u>141 Summit St</u>			Street Address		
City <u>Peabody</u>	State <u>ma</u>	Zip <u>01960</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	CLASS/SERIES	PAR VALUE
			<u>1000</u>	<u>Common</u>	<u>No Par</u>
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 <u>Laura Laurantziano</u>					Date <u>1-20-17</u>
Signature of Authorized Representative <u>[Signature]</u>					

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

JAN 23 2017

FORM 630 - Revised: 10/2016

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