



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 4230		2. Exact name of the Corporation CITY LOCK SERVICE & SUPPLY COMPANY, Inc.	
3. Principal Office Address 1204 ELMWOOD AVENUE		City PROVIDENCE	State RI
		Zip 02907	
4. NAICS Code 561622	6. Brief description of the character of business conducted in Rhode Island LOCKSMITH SERVICES		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SUSAN CROWELL		Vice-President Name SUSAN CROWELL	
Street Address 80 LINDOR HEIGHTS		Street Address 80 LINDOR HEIGHTS	
City Holyoke	State MA	City Holyoke	State MA
Zip 01040		Zip 01040	
Secretary Name SUSAN CROWELL		Treasurer Name SUSAN CROWELL	
Street Address 80 LINDOR HEIGHTS		Street Address 80 LINDOR HEIGHTS	
City Holyoke	State MA	City Holyoke	State MA
Zip 01040		Zip 01040	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name - NONE -		Director Name - NONE -	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name - NONE -		Director Name - NONE -	
Street Address		Street Address	
City	State	City	State
Zip		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
		600	51
		PAR VALUE	No PAK
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 SUSAN CROWELL		Date 1/27/17	
Signature of Authorized Representative <i>Susan Crowell</i>			

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 30 2017

BY **31277DS**