



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 579397		2. Exact name of the Corporation Res-Com Security, Inc.			
3. Principal Office Address 80 Stubble Brook Road			City West Greenwich	State RI	Zip 02817
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island installation of security systems			
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 Gregory Coutcher			Vice-President Name n/a		
Street Address 80 Stubble Brook Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Gregory Coutcher			Treasurer Name Antionietta Coutcher		
Street Address 80 Stubble Brook Road			Street Address 80 Stubble Brook Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory Coutcher			Director Name Antionietta Coutcher		
Street Address 80 Stubble Brook Road			Street Address 80 Stubble Brook Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100	Common	None
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 Gregory Coutcher				Date 3/15/17	
Signature of Authorized Representative <div style="text-align: center; font-weight: bold; font-size: 1.5em;">FILED</div>					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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