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.

STAMP FOR

1. Entity ID Number	2. Exact name of the Corporation			
684267	**Maguire Protective Services, Inc.**			
3. Principal Office Address		City	State	Zip
9 West Main Street, no. 7		**North Kingstown**	**RI**	**02852**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561	**Private Security**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Jeffrey Maguire					
Street Address			Street Address		
9 West Main Street, no. 7					
City / State / Zip			City / State / Zip		
North Kingstown	**RI**	**02852**			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Jeffrey Maguire					
Street Address			Street Address		
9 West Main Street, no. 7					
City / State / Zip			City / State / Zip		
North Kingstown	**RI**	**02852**			
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**200**	**CWP**	**$0.00**

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	Date
David. D. D'Agostino, Power of Attorney	**4/5/17**

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED DL
APR 10 2017
BY 20337

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

FORM 630 - Revised: 02/2017