



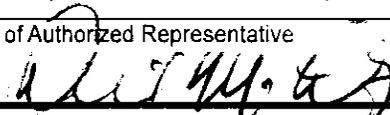
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

STAMP

FOR

- 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 684267		2. Exact name of the Corporation Maguire Protective Services, Inc.			
3. Principal Office Address 9 West Main Street, no. 7			City North Kingstown	State RI	Zip 02852
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Private Security			
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 Jeffrey Maguire			Vice-President Name		
Street Address 9 West Main Street, no. 7			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
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 <input type="checkbox"/>					
Director Name Jeffrey Maguire			Director Name		
Street Address 9 West Main Street, no. 7			Street Address		
City North Kingstown	State RI	Zip 02852	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
			200	CWP	\$0.01
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 David. D. D'Agostino, Power of Attorney				Date 4/5/17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED 

APR 10 2017

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

RV 20337 FORM 630 - Revised: 02/2017