



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.

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R.I. DEPT. OF STATE  
BUSINESS DIV

2017 APR 24 PM 12:42

1. Entity ID Number <u>32713</u>		2. Exact name of the Corporation <u>Ocean State Alarm Cor. Inc</u>	
3. Principal Office Address <u>52 Louisiana Ave</u>		City <u>Warwick</u>	State <u>RI</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>Install + Service Alarm Systems</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Paul Giroux</u>		Vice-President Name <u>Joanne Giroux</u>	
Street Address <u>1400 Stony Lane</u>		Street Address <u>Same</u>	
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	
Secretary Name <u>none</u>		Treasurer Name <u>none</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Paul Giroux</u>		Director Name <u>Joanne Giroux</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>00</u>
		PAR VALUE <u>0.01</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. <b>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.</b>			
Name of Authorized Representative <u>Dee Cook</u>		Date <u>4/21/17</u>	
Signature of Authorized Representative <u>[Signature]</u>		Office Manager	

FILED  
SIGN DOCUMENT HERE

APR 24 2017

BY 301894  
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FORM 630 - Revised: 02/2017