



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 1661011		2. Exact name of the Corporation J.R. Alarms, Inc.	
3. Principal Office Address 156 Marvel Street		City Swansea	State MA
		Zip 02777	
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island Installation and service of Security Alarms, Fire Alarms, CCTV Systems.		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph R. Smith		Vice-President Name Joseph R. Smith	
Street Address 156 Marvel Street		Street Address 156 Marvel Street	
City Swansea	State MA	City Swansea	State MA
Zip 02777		Zip 02777	
Secretary Name Joseph R. Smith		Treasurer Name Joseph R. Smith	
Street Address 156 Marvel Street		Street Address 156 Marvel Street	
City Swansea	State MA	City Swansea	State MA
Zip 02777		Zip 02777	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph R. Smith		Director Name	
Street Address 156 Marvel Street		Street Address	
City Swansea	State MA	City	State
Zip 02777		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		15,000	CNP
			\$0
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. <i>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.</i>			
Name of Authorized Representative Joseph R. Smith			Date August 17, 2017
Signature of Authorized Representative 			

FILED

AUG 29 2017

11529 DS

MAIL TO:
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