



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation**STAMP**FOR
SECRETARY OF STATE
USE ONLY

- 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 000059238		2. Exact name of the Corporation Master Protection Corporation												
3. Principal Office Address 4700 Exchange Court, Suite 300			City Boca Raton	State FL	Zip 33431									
4. NAICS Code 81 2990		6. Brief description of the character of business conducted in Rhode Island Fire & Security												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Carmine Schiavone			Vice-President Name Brenda Grohall											
Street Address 4700 Exchange Court, Ste 300			Street Address 5757 N Green Bay Ave											
City Boca Raton	State FL	Zip 33431	City Milwaukee	State WI	Zip 53209									
Secretary Name Jennifer Leong			Treasurer Name Frank Voltolina											
Street Address 4700 Exchange Court, Ste 300			Street Address 5757 N Green Bay Ave											
City Boca Raton	State FL	Zip 33431	City Milwaukee	State WI	Zip 53209									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Tony McGraw			Director Name Tyler Ignatowski											
Street Address 4700 Exchange Court, Ste 300			Street Address 4700 Exchange Court, Ste 300											
City Boca Raton	State FL	Zip 33431	City Boca Raton	State FL	Zip 33431									
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. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> <tr> <td style="text-align:center">10000</td> <td style="text-align:center">Common</td> <td style="text-align:center">0.1</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10000	Common	0.1			
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10000	Common	0.1												
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 Brenda Grohall					Date 2/5/2018									
Signature of Authorized Representative <i>Brenda Grohall</i>					FILED FEB 13 2018 BY 714571 DS									
SIGN DOCUMENT HERE														