State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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Annual Report for the year: 2018

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	2. Exact name of the Corporation		
000059238	Master Protection Corporation		
3. Principal Office Address	City	State	Zip
4700 Exchange Court, Suite 300	Boca Raton	FL	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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Brenda Grohall	2/5/2018

Signature of Authorized Representative: Brenda Grohall

SIGN DOCUMENT HERE

FILED

FEB 13 2018

BY 714571 DS

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: 10/2017