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

FILED
FEB 26 2018
BY 903359

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		
74818	Dunbar Armored, Inc.		
3. Principal Office Address	City	State	Zip
50 Schilling Rd	Hunt Valley	MD	21031
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561613	Armored Car Service		
5. State of Incorporation			
Maryland			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kevin R Dunbar			Vice-President Name: Thomas Dolan		
Street Address: 50 Schilling Rd			Street Address: SAME		
City: Hunt Valley	State: MD	Zip: 21031	City:	State:	Zip:
Secretary Name: Robert J Dunbar			Treasurer Name: Juergen Laue		
Street Address: SAME			Street Address: SAME		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: James L Dunbar			Director Name: Thomas Dolan		
Street Address: Kevin R Dunbar			Street Address: Richard Gruszecki		
City: Juergen Laue	State:	Zip:	City: Robert Leatherwood	State:	Zip:
Director Name: Paul McBride			Director Name: Michael Mangan		
Street Address: James Brady			Street Address: ALL: 50 Schilling RD		
City:	State:	Zip:	City: Hunt Valley	State: MD	Zip: 21031

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
5,000 / 100	A	10.00
40,000 / 21,001	A	10.00

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
JENNIFER L BRAY	2/16/2018

Signature of Authorized Representative: Jennifer L Bray

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