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	Vice-President Name
Kevin R Dunbar	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	Director Name
James L Dunbar	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 — 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.

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