



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

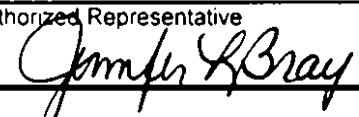
FILED

FEB 26 2018

BY 903359
OK

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 74818		2. Exact name of the Corporation Dunbar Armored, Inc.			
3. Principal Office Address 50 Schilling Rd		City Hunt Valley		State MD	Zip 21031
4. NAICS Code 561613		6. Brief description of the character of business conducted in Rhode Island 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		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 JENNIFER L BRAY				Date 2/16/2018	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov