



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

FILED *ok*
STAMP
 MAR 02 2018
 FOR

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.

BY 11952

1. Entity ID Number 000009824		2. Exact name of the Corporation SEACURE, INCORPORATED			
3. Principal Office Address 69 AVONDALE RD			City WESTERLY	State RI	Zip 02891
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island MARINE SYSTEMS CONSULTATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ARNOLD M HALL			Vice-President Name NYCA C HALL		
Street Address 69 AVONDALE RD			Street Address 69 AVONDALE RD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name NYCA C HALL			Treasurer Name ARNOLD M HALL		
Street Address 69 AVONDALE RD			Street Address 69 AVONDALE RD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARNOLD M HALL			Director Name NYCA C HALL		
Street Address 69 AVONDALE RD			Street Address 69 AVONDALE RD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
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 <input type="checkbox"/>		
			NUMBER OF SHARES 1,500	CLASS/SERIES CNP	PAR VALUE NONE
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. <i>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.</i>					
Name of Authorized Representative ARNOLD M HALL				Date 28 FEB 2018	
Signature of Authorized Representative <i>Arnold M Hall</i>				SIGN DOCUMENT HERE	