RI SOS Filing Number: 201872499200 Date: 7/17/2018 4:00:00 PM

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

Annual Report for the year: 2018
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee. $20.00
→ Penalty. Additional $25 00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
133764	Rhode Island Alarm and Systems Contractors Association
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Association representing systems contractors in the Rhode Island market and offering education to members.
4. NAICS Code 813910	

6. Principal Office Address	City	State	Zip
2525 West Shore Road	Warwick	RI	02880

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

President Name Henry Guzeika			Vice-President Name David Cicchitelli		
Street Address 111 Stubble Brook Road			Street Address 6 Peveril Road		
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02921
Secretary Name Matthew Bergeron			Treasurer Name Jason Sidok		
Street Address 1600 Smith Street			Street Address 15 Blanding Road		
City North Providence	State RI	Zip 02911	City Rehoboth	State MA	Zip 02769

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name Mustapha Gharaee			Director Name Jason Sidok		
Street Address 40 Old Louisquisset Pike - Unit #1204			Street Address 15 Blanding Road		
City North Smithfield	State RI	Zip 02896	City Rehoboth	State MA	Zip 02769
Director Name David Cicchitelli			Director Name		
Street Address 6 Peveril Road			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Jason H. Sidok FILED	7/11/18

Signature of Officer/Authorized Representative
SIGN DOCU... JUL 17 2018
BY 3150 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 631 - Revised: 11/2017