7	63 /
•	AD I
1	~/
٠,	~ /

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2(1	8	
_ `		~	



- 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	5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Association representing systems contractors in the Rhode Island market and offering education to members.							
4. NAICS Code	1							
10/11/0								
6. Principal Office Address			City	State	Zip			
2525 West Shore Road			Warwick	RI	02880			
7. List ALL officers (names and add	iresses)			ck the box to indicat	e an attachment			
President Name Henry Guzeika			Vice-President Name David Cicchitelli					
Street Address 111 Stubble Brook Road			Streel Address 6 Peveril Road					
City West Greenwich	State RI	^{Zıp} 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	^{Zıp} 02769			
8. List ALL directors (names and ad	ddresses). RI Corp	orations MUST		ck the box to indicat	e 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	Zıp			
9. Registered Agent in Rhode Islan	d. This information i	s currently of recor	d in the Department of State. Changes red	quire filing Form 641.				
Under penalty of perjury, I declar statements, and that all stateme			ed this report, including any accom d correct.	panying schedul	es and			
This report must be signed by either the Pres	sident, Vice-President, S	Secretary, Assistant S	ecretary Treasurer, duly Authorized Representa	tive, Receiver or Truste	e			
Name of Officer/Authorized Repres Jason H. Sidok	FILED	Date 7/11/18						
Signature of Officer/Authorized Representative SIGN DOCUMENT OF SIGN 17 2018								
	-			<u> </u>				

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY___3150_0