RI SOS Filing Number: 201985015160 Date: 1/22/2019 4:00:00 PM

(FF)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2019

STAMP

Corporation		-
- Eiling period:	January 1	March

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1

Entity ID Number	2. Exact name	e of the Corporation	1					
12913		•						
	MT. PLEASANT ALARM, INC. City State Zip							
3. Principal Office Address		City						
85 Academy Avenue			Providen		RI	02908-0000		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
238210	alarm systems							
5. State of Incorporation	┪							
RI								
	7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name				Vice-President Name				
Dennis R. Cicchitelli								
Street Address	Street Address Circle 5 Cindy Circle							
5 Cindy Circle City	State	Zip	City	Circic	State	Zip		
Johnston	RI	02919-	Johnstoi	π	RI	02919-		
Secretary Name			Treasurer Name		<u> </u>	. <u></u>		
Dennis R. Cicchitelli	Dennis R. Cicchitelli							
Street Address		Street Address						
5 Cindy Circle			5 Cindy	Circle	_			
City	State	Zip	City	_	State RI	Zip 02919-		
Johnston	RI	02919-	Johnsto					
List ALL directors (names and Director Name	addresses)		Director Name	Check tr	e box to indica	ite an attachment		
Dennis R. Cicchitelli none								
Street Address			Street Address					
5 Cindy Circle			none					
City	State	Zip	City		State	Zip		
Johnston	RI	02919-	none		none	none		
Director Name			Director Name					
none Street Address			Street Address	None Street Address				
none City	State	Zıp	City		State	Zip		
none	none	none	none		none	none		
9. Shares Authorized		10. Shares Iss			e box to indica	te an attachment 🔲		
This information is currently of rec	ord in the	NUMBER OF	SHARES	CLASS/SERIES	·	PAR VALUE		
Department of State.			100			No Par		
Changes require an additional filin	g.			Common				
L						, ,		
11. This report must be executed					ation is in the h	ands 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 Representat				Date				
Dennis R. Cicchitelli		President		1/07/2019				
Signature of Authorized Representative								
SIGN DOTTIETORE / Sem Landy								
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MAÎL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n gov JAN 2 2 2019

FORM 630 - Revised: 10/2017