



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

STAMP

Annual Report for the year: 2019
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 12913		2. Exact name of the Corporation MT. PLEASANT ALARM, INC.			
3. Principal Office Address 85 Academy Avenue			City Providence	State RI	Zip 02908-0000
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island alarm systems			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dennis R. Cicchitelli			Vice-President Name Dennis R. Cicchitelli		
Street Address 5 Cindy Circle			Street Address 5 Cindy Circle		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Secretary Name Dennis R. Cicchitelli			Treasurer Name Dennis R. Cicchitelli		
Street Address 5 Cindy Circle			Street Address 5 Cindy Circle		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis R. Cicchitelli			Director Name none		
Street Address 5 Cindy Circle			Street Address none		
City Johnston	State RI	Zip 02919-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par
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 Dennis R. Cicchitelli President				Date 1/07/2019	
Signature of Authorized Representative <div style="display: flex; justify-content: space-between; align-items: center;"> SIGN YOUR NAME HERE FILED </div>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 22 2019

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