



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

FILED

JAN 30 2019

BY 1308

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 4255		2. Exact name of the Corporation Castle Vault & Lock Company, Inc.					
3. Principal Office Address 184 Power Street			City Providence	State RI	Zip 02906		
4. NAICS Code 561622		6. Brief description of the character of business conducted in Rhode Island General locksmith and hardware business					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Linda Therisod			Vice-President Name Francesco Therisod				
Street Address P.O. Box 4960			Street Address P.O. Box 4960				
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916		
Secretary Name Linda Therisod			Treasurer Name Francesco Therisod				
Street Address P.O. Box 4960			Street Address P.O. Box 4960				
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Linda Therisod			Director Name Francesco Therisod				
Street Address P.O. Box 4960			Street Address P.O. Box 4960				
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916		
Director Name NONE			Director Name NONE				
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		CLASS/SERIES		PAR VALUE	
		200		COMMON		NO PAR VALUE	
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.							
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 Representative Linda Therisod, President					Date 1-15-19		
Signature of Authorized Representative SIGN DOCUMENT HERE							

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov