State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 19 2019

BY 35739

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	2. Exact name of the Corporation
22639	HOME & COMMERCIAL SECURITY INC.

3. Principal Office Address	City	State	Zip
44 BLANDING ROAD	REHOBOTH	MA	02769

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238900	INSTALLATION AND SALES OF SECURITY DEVICES
5. State of Incorporation	
MASSACHUSETTS	

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

President Name: HENRY C SIDOK JR			Vice-President Name: CYNTHIA M SALEEBA		
Street Address: 73 MILLER STREET			Street Address: 38 BAY STATE ROAD		
City: SEEKONK	State: MA	Zip: 02771	City: REHOBOTH	State: MA	Zip: 02769
Secretary Name: JASON H SIDOK			Treasurer Name: HENRY C SIDOK JR		
Street Address: 26 CARPENTER STREET			Street Address: 73 MILLER STREET		
City: REHOBOTH	State: MA	Zip: 02769	City: SEEKONK	State: MA	Zip: 02771

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

Director Name: HENRY C SIDOK JR			Director Name: CYNTHIA M SALEEBA		
Street Address: 73 MILLER STREET			Street Address: 38 BAY STATE ROAD		
City: SEEKONK	State: MA	Zip: 02771	City: REHOBOTH	State: MA	Zip: 02769
Director Name: JASON H SIDOK			Director Name: NONE		
Street Address: 26 CARPENTER STREET			Street Address:		
City: REHOBOTH	State: MA	Zip: 02769	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1200	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	Date
HENRY C SIDOK JR	✓ 2/12/19

Signature of Authorized Representative: ✓ Henry C Sidok SIGN DOCUMENT HERE 2/12/19

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 630 - Revised: 10/2017