



Department of State - Business Services Division


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.

FILED
STAMP
FEB 21 2019

BY

213
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001669834		2. Exact name of the Corporation HSB Secure Services, Inc.			
3. Principal Office Address One State Street, P. O. Box 5024			City Hartford	State CT	Zip 06102-5024
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island The purpose of the corporation is to engage in the marketing, issuance and servicing of service contracts for equipment, appliances and systems and related activities.			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Anthony Trivella			Vice-President Name Peter Richter, CFO		
Street Address One State Street			Street Address One State Street		
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102
Secretary Name Roberta A. O'Brien			Treasurer Name Michael L. Long		
Street Address One State Street			Street Address One State Street		
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Mercier			Director Name Peter Richter		
Street Address One State Street			Street Address One State Street		
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102
Director Name Roberta A. O'Brien			Director Name Michael W. Bolin		
Street Address One State Street			Street Address One State Street		
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102
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	
		5,000		Common	
				PAR VALUE	
				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 Roberta A. O'Brien				Date 2/14/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

ATTACHMENT
ANNUAL REPORT FOR THE YEAR: 2019
HSB SECURE SERVICES, INC.
ENTITY ID: 001669834
Question #7
ADDITIONAL OFFICERS

7. OFFICERS:

Amy Brodeur, Chief Accounting Officer
One State Street
Hartford, CT 06102-5024

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