



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

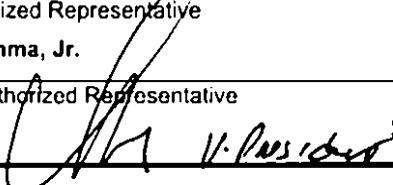
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 01 2019

25721 DS

1. Entity ID Number 63659		2. Exact name of the Corporation SENTRY CONTRACTING SERVICES, INC.			
3. Principal Office Address 9130 Galleria Court, Suite 100			City Naples	State FL	Zip 34109
4. NAICS Code 92190		6. Brief description of the character of business conducted in Rhode Island Property Maintenance/Property Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa M. Emma			Vice-President Name Anthony L. Emma, Jr.		
Street Address 9130 Galleria Court, Suite 100			Street Address 9130 Galleria Court, Suite 100		
City Naples	State FL	Zip 34109	City Naples	State FL	Zip 34109
Secretary Name Anthony L. Emma, Jr.			Treasurer Name Anthony L. Emma, Jr.		
Street Address 9130 Galleria Court, Suite 100			Street Address 9130 Galleria Court, Suite 100		
City Naples	State FL	Zip 34109	City Naples	State FL	Zip 34109
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony L. Emma, Jr.			Director Name		
Street Address 9130 Galleria Court, Suite 100			Street Address		
City Naples	State FL	Zip 34109	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			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 Anthony L. Emma, Jr.				Date 2-8-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	