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.

RECEIVED
2019 MAR -4 PM
CORPORATION

1. Entity ID Number	2. Exact name of the Corporation
000056103	North American Video Corporation

3. Principal Office Address	City	State	Zip
1335 S. Acacia Avenue	Fullerton	CA	92831

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561621	Sales/Service CCTV & Access Control Equipment
5. State of Incorporation: Delaware	

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

President Name	Vice-President Name
James Kauker	William Burger
Street Address: 18 Sunpeak	Street Address: 1306 Mill Avenue
City: Irvine, State: CA, Zip: 92603	City: Redlands, State: CA, Zip: 92373
Secretary Name: Elizabeth Skakun	**Treasurer Name:** Debra La Berge
Street Address: 28202 Via Alfonse	Street Address: 801 S. Canyon Garden Lane
City: Laguna Niguel, State: CA, Zip: 92677	City: Anaheim, State: CA, Zip: 92808

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

Director Name	Director Name
James Kauker	William Groves
Street Address: 18 Sunpeak	Street Address: 4451 Rainbow Lane
City: Irvine, State: CA, Zip: 92603	City: Yorba Linda, State: CA, Zip: 92687
Director Name: William Burger	Director Name
Street Address: 1306 Mill Avenue	Street Address
City: Redlands, State: CA, Zip: 92373	City, State, Zip

9. Shares Authorized (See Form 151)

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5255260	Common	.0001
4744740	Preferred	.0001

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
Debra La Berge, Treasurer	2/26/19

Signature of Authorized Representative: Debra La Berge

FILED 12:08
MAR 04 2019

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