

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

STAMP

Filing Period: January 1 - March 1
Filing Fee: \$50.00
Penalty: Additional \$25.00 fee if form is not filed by April 1

MAR 2 5 2019 ()

| 1. Corporate ID No. 001658869 | | 2 Name of Corporation | | | | |
|--|-------------------|----------------------------------|---|---------------------------|-----------------------------|--|
| | 1 | OMEWATCH, INC. | I com | State | Zip | |
| 3. Street Address Principal Business Office 28 Versailles Street | | | Cranston | RI | 02920 | |
| Stoll(02) Rhode Island | | | • | | | |
| 6. Brief Description of the Fire and security a | • | ducted in Rhode Island | | | | |
| <u>-</u> | RESSES OF THE OFF | ICERS: ("X" BOX FOR ATTA | (CHMENT) FIL Vice President Name | L'IN SPACES BEFORE | USING ATTACHMENTS | |
| Street Address 28 Versailles Stre | et . | | Street Address | | | |
| City Cranston | State R1 | ^{Zip} 02920 | City | State | Zip | |
| Secretary Name Timothy David Yuettner | | | Treasurer Name Timothy David Yuettner | | | |
| Street Address 28 Versailles Street | | | Street Address 28 Versailles Street | | | |
| City Cranston | State R1 | ^{Zip} 02920 | Cranston State RI | | 2ι _ρ 02920 | |
| 8. NAMES AND ADD Director Name | RESSES OF THE DIR | ECTORS: ("X"_BOX FOR AT | TACHMENT) F Director Name | ILL IN SPACES BEFOR | E USING ATTACHMENTS | |
| Sireet Address | | | Street Address | | | |
| Cuy | State | Zip | City | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) | | | 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | Number of Change | | | |
| | | | 100 common shares \$.01 par value | | | |
| | | | | | | |
| | | of the corporation by an auth | | | the hands of a receiver or | |
| • | | | | | an and that all atataments | |
| naer penalty of perjury, I dente and true and tr | | have examined this report, incl. | uaing any accompanyi | ng scneauses and statemen | is, and indi all stalements | |
| Jimoth | 1 D Thut | 4 | | 1-3-1 | 9 | |
| ignature | | J | | Date | | |
| imothy David Yuet | tner | | | | | |
| | | | | | | |
| resident | | | | | | |

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: 10/2016