



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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
SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number <u>000137626</u>		2. Exact name of the Corporation <u>T.D.R. SECURITY SERVICES, INC.</u>	
3. Principal Office Address <u>90 FARM STREET</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u>
4. NAICS Code <u>812990</u>		6. Brief description of the character of business conducted in Rhode Island <u>SECURITY SERVICES</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>HENRY R BROCCOLI JR</u>		Vice-President Name <u>HENRY R BROCCOLI JR</u>	
Street Address <u>51 NEW HAMPSHIRE ST</u>		Street Address <u>51 NEW HAMPSHIRE ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
Secretary Name <u>ROBERT CARROLL</u>		Treasurer Name <u>HENRY R. BROCCOLI JR.</u>	
Street Address <u>90 FARM ST</u>		Street Address <u>51 NEW HAMPSHIRE ST</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>CRANSTON</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>500</u>	
		<u>NO</u>	
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 <u>ROBERT CARROLL SECRETARY</u>		Date <u>12/20/19</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017