RI SOS Filing Number: 201930488720 Date: 12/20/2019 10:33:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

LEGEIVED UTOLETARY OF STATE CORPORATIONS DIV

2019 DEC 20 AM 10: 31

Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Penarty. Additional \$25.00 to	:e	eu by April 1.				
1. Entity ID Number	2. Exact name of the Corporation					
90 FARM STREET ROULDENCE RT 02908						
Principal Office Address			City	, ,	State	Zip
90 FARM STREET			Pagui	DRNO	PT	02908
4. NAICS Code	6. Brief descripte	on of the character	of business co	nducted in Rhode Isl	1 // / and	100-100
812990	SOCURITY SERVICES					
5. State of Incorporation						
OT						
7 List Al Laffigury Japanes and add	(20000)	· · · · · · · · · · · · · · · · · · ·		Ch a ata A		ala an altacharant —
7. List ALL officers (names and add President Name	resses)		Vice-President		ne box to indic	ate an attachment
HENRY R BROCCOLI VA			HENRY RBADCKINIA			
Street Address			I Street Address			
SINOW HAMPSLINE ST City State = Zip			SI New HAMPSKIRE ST City State Zip			
CRANSTON	State	02920	CARM	STON	RI	01920
Secretary Name			Treasurer Name			
Street Address			Henry a. Breccor, Ja			
Street Address			Street Address I New HAMPSKING ST			
City 1	State?	Zipo « a C/	City 1	1111115	State	Zio .
Providence	State I	2in 2908	CARN.	STON	RI	02920
8. List ALL directors (names and ac	ddresses)		Ta:	Check t	he box to indic	cate an attachment
Director Name Director Name						
Street Address		Street Address				
City	State	Zip	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Ζίρ
J.,	State	CIP	City		State	Z ip
		10. Shares Issue			ck the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	1	FAR VALUE
Changes require an additional filing.		500				110
11. This report must be even ted a	n hahalf af the a-	moration by an av	thesized seess	antation If the same	ration is in AF-	handa of a section ==
11. This report must be executed of trustee, this report must be executed as	on behalf of the co	riporation by an au e corporation by th	monzed repres e receiver or tri	entative. If the corpor ustee.	ration is in the	nanos or a receiver or
Under penalty of perjury, I decla	re and affirm tha	t I have examined	d this report, in		panying sch	edules and
statements, and that all statements contained herein are true and correct.						
Name of Authorized Representative Date						
MOBERT COOPDIL. SECRETARY 5150 12/20/19						
Signature 4 Authorized Representative						
Mole Child Securitary DEC 20 2019						
MAIL TO:		/-	1	AIN	3	<u> </u>
Division of Business Services			•	3.4111J	100	2 H/M
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040						
Website: www.sos.ri.gov				$H \cdot H \cdot V$	FOR	M 630 - Revised: 02/201
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