



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  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 DEC 20 AM 10:31

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>RI</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
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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