



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

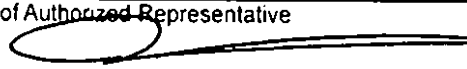
Annual Report for the year: **2020**  
Corporation

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

**FILED**

JAN 30 2020

015763

1. Entity ID Number <b>486673</b>		2. Exact name of the Corporation <b>Security Supply, Inc.</b>			
3. Principal Office Address <b>115 Niantic Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>999999</b>		6. Brief description of the character of business conducted in Rhode Island <b>Selling of fire security, video equipment and any other lawful purpose</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William F. Donahue, IV</b>			Vice-President Name <b>Thomas Reilly</b>		
Street Address <b>26 Silver Spring Street</b>			Street Address <b>59 Winslow Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>William F. Donahue, IV</b>			Treasurer Name <b>Thomas Reilly</b>		
Street Address <b>26 Silver Spring Street</b>			Street Address <b>26 Silver Spring Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>William F. Donahue, IV</b>			Director Name <b>Thomas Reilly</b>		
Street Address <b>Same as above</b>			Street Address <b>Same as above</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>40</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No par</b>
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. <b>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 here in are true and correct.</b>					
Name of Authorized Representative <b>William F. Donahue, IV</b>				Date <b>1/15/20</b>	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov