



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

FILED

JAN 30 2020 *SR*

015763

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.

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

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