



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

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

STAMP

- 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 <b>000684267</b>		2. Exact name of the Corporation <b>Maguire Protective Services, Inc.</b>			
3. Principal Office Address <b>31 West Main Street</b>		City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>541518</b>		6. Brief description of the character of business conducted in Rhode Island <b>Providing personal protection services and consulting for and within the private security industry.</b>			
5. State of Incorporation <b>RI</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>Jeffrey Maguire</b>			Vice-President Name <b>Jeffrey Maguire</b>		
Street Address <b>31 West Main Street</b>			Street Address <b>31 West Main Street</b>		
City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	
State <b>RI</b>		Zip <b>02852</b>		State <b>RI</b>	
Zip <b>02852</b>		City <b>North Kingstown</b>		State <b>RI</b>	
City <b>North Kingstown</b>		State <b>RI</b>		Zip <b>02852</b>	
Secretary Name <b>Jeffrey Maguire</b>			Treasurer Name <b>Jeffrey Maguire</b>		
Street Address <b>31 West Main Street</b>			Street Address <b>31 West Main Street</b>		
City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	
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City <b>North Kingstown</b>		State <b>RI</b>		Zip <b>02852</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>Jeffrey Maguire</b>			Director Name		
Street Address <b>31 West Main Street</b>			Street Address		
City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>	City	
State <b>RI</b>		Zip <b>02852</b>		State	
Zip <b>02852</b>		City		State	
City		State		Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State		Zip	
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>200</b>	<b>CPW</b>	<b>0.0100</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 herein are true and correct.</b>					
Name of Authorized Representative					Date
					<b>2-20-2020</b>
Signature of Authorized Representative					
SIGN DOCUMENT HERE <b>FILED</b> <b>FEB 24 2020</b> <b>KM</b>					

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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