



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

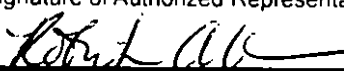
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED **STAMP**

FEB 27 2020

500000346

1. Entity ID Number 001669834		2. Exact name of the Corporation HSB Secure Services, Inc.												
3. Principal Office Address One State Street			City Hartford	State CT	Zip 06102-5024									
4. NAICS Code 811490	6. Brief description of the character of business conducted in Rhode Island The purpose of the corporation is to engage in the marketing, issuance and servicing of service contracts for equipment, appliances and systems and related activities.													
5. State of Incorporation Connecticut														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Anthony Trivella			Vice-President Name Peter Richter, Chief Financial Officer											
Street Address One State Street			Street Address One State Street											
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102									
Secretary Name Roberta A. O'Brien			Treasurer Name Amy E. Brodeur											
Street Address One State Street			Street Address One State Street											
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name David Mercier			Director Name Peter Richter											
Street Address One State Street			Street Address One State Street											
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102									
Director Name Roberta A. O'Brien			Director Name Michael W. Bolin											
Street Address One State Street			Street Address One State Street											
City Hartford	State CT	Zip 06102	City Hartford	State CT	Zip 06102									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>5,000</td> <td>Common</td> <td>No par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5,000	Common	No par value			
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		5,000	Common	No par value										
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 Roberta A. O'Brien				Date 02/20/2020										
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