RI SOS Filing Number: 202035482440 Date: 2/27/2020 4:00:00 PM

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

FILED STAMP
FEB 27 2020
BY 500000834602

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.

1. Entity ID Number	2. Exact name of the Corporation		
001669834	**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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Roberta A. O'Brien	**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

FORM 630 - Revised: 10/2017