



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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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 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

FORM 630 - Revised: 10/2017