RI SOS Filing Number: 202036572140 Date: 3/18/2020 4:00:00 PM

62354 03/14/2020 3:59 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

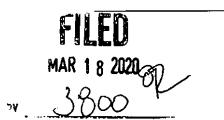
2020

Corporation

→ Filing period January 1 - March 1

→ Filing Fee \$50 00

→ Penalty Additional \$25,00 fee if form is not filed by April 1.



Entity ID Number	2. Exact name of the Corporation								
000791664	·								
	STRUCTURE WORKS, INC. City State Zip								
3 Principal Office Address	20 20V 0	60		i ·			NY	12522	
43 MILL STREET,	*		f the character of husi	DOVER PLAINS NY 12522 ness conducted in Rhode Island					
4. NAICS Code	6 Bher descripti	on o	r the character or busi	ness conducted in Rhode Island					
238900									
5 State of Incorporation									
NY SECURITY INTEGRATION									
7. List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name				Vice-President Name					
JAMES MUNCEY				WALTER H. CROPLEY, JR.					
Street Address				Street Address					
PO BOX 739		94 CRAIG LANE							
City	State	Zıp)	City		State		Zıp	
DOVER_PLAINS	NY	1	2522	DOVER PLAINS		NY		12522	
Secretary Name					Treasurer Name				
Street Address				Street Address					
City	State			City		State		Zıp	
,								·	
8 List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name				Director Name					
Street Address				Street Address					
City	State Zip)	City		State		Zıp	
Director Name				Director Name					
Street Address				Street Address					
City Chate			Cohe		Louis	1	7.		
City	State	Zıp	•	City		State		Zıp	
9 Shares Authorized			10. Shares Issued Check t			eck the bo	the box to indicate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SHARES			C'LASS/SER'ES		PAR VALUE	
			150		COMMON			0	
Changes require an additional	l filing.		<u> </u>						
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.									
12. 12. 1									
Name of Authorized Representative							Date 3/16/20		
Signature of Authorized Representative									
JAMES MUNCEY 2									

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov