

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.

FILED

MAR 18 2020

3800

1. Entity ID Number 000791664		2. Exact name of the Corporation STRUCTURE WORKS, INC.				
3. Principal Office Address 43 MILL STREET, PO BOX 868			City DOVER PLAINS	State NY	Zip 12522	
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island SECURITY INTEGRATION				
5. State of Incorporation NY						
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name JAMES MUNCEY			Vice-President Name WALTER H. CROPLEY, JR.			
Street Address PO BOX 739			Street Address 94 CRAIG LANE			
City DOVER PLAINS	State NY	Zip 12522	City DOVER PLAINS	State NY	Zip 12522	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	
		150		COMMON	0	
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 James Muncey					Date 3/16/20	
Signature of Authorized Representative JAMES MUNCEY						

MAIL TO:

Division of Business Services

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