RI SOS Filing Number: 202187604510 Date: 1/20/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

JAN 20 2021

BY 131403

Annual Report for the year: 2021

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		
59238	Master Protection Corporation		
3. Principal Office Address	City	State	Zip
6600 Congress Ave	Boca Raton	FL	33487
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
81290	Fire and security		
5. State of Incorporation			
Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Tracy Long			Vice-President Name: Christopher E. Osborne		
Street Address: 91 N Mitchell Ct			Street Address: 507 E Michigan Street		
City: Addison	State: IL	Zip: 60101	City: Milwaukee	State: WI	Zip: 53202
Secretary Name: Jennifer Leong			Treasurer Name: Anthony McGraw		
Street Address: 6600 Congress Ave			Street Address: 6600 Congress Ave		
City: Boca Raton	State: FL	Zip: 33487	City: Boca Raton	State: FL	Zip: 33487

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Tracy Long			Director Name		
Street Address: 91 N Mitchell Ct			Street Address		
City: Addison	State: IL	Zip: 60101	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
10000	CWP	.01

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
Paula M. Jung	1/11/2021

Signature of Authorized Representative: Paula M. Jung

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: 08/2020