



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

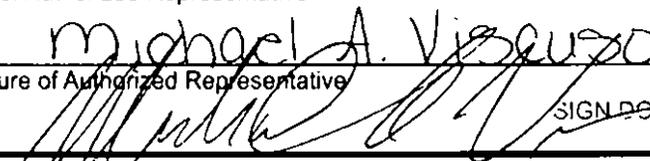
FILED

Annual Report for the year: 2021
 Corporation

JAN 21 2021

BY US257
DA

- 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 <u>000798059</u>		2. Exact name of the Corporation <u>Nationwide Security Corporation</u>			
3. Principal Office Address <u>65 North Branford Rd Ste 8</u>			City <u>Branford</u>	State <u>CT</u>	Zip <u>06405</u>
4. NAICS Code <u>561621</u>		6. Brief description of the character of business conducted in Rhode Island <u>Installation of Electronic Security and access control systems</u>			
5. State of Incorporation <u>CT</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael Viscuso</u>			Vice-President Name <u>N/A</u>		
Street Address <u>18 Wilford Rd</u>			Street Address		
City <u>Branford</u>	State <u>CT</u>	Zip <u>06405</u>	City	State	Zip
Secretary Name <u>Alfred Brigante JR</u>			Treasurer Name		
Street Address <u>5 Suffield Place</u>			Street Address		
City <u>East Haven</u>	State <u>CT</u>	Zip <u>06512</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
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
		<u>none</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.					
Name of Authorized Representative <u>Michael A. Viscuso</u>				Date <u>1/4/21</u>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	