RI SOS Filing Number: 202190390660 Date: 2/5/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 05 2021
BY 2123

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		
000004230	CITY LOCK SERVICE & SUPPLY COMPANY, INC.		
3. Principal Office Address	City	State	Zip
1204 ELMWOOD AVENUE	PROVIDENCE	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561622	LOCKSMITH SERVICES		
5. State of Incorporation			
Rhode Island			

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

President Name	Street Address	City	State	Zip
SUSAN CROWELL	80 LINDOR HEIGHTS	Holyoke	MA	01040

Vice-President Name	Street Address	City	State	Zip
SUSAN CROWELL	80 LINDOR HEIGHTS	Holyoke	MA	01040

Secretary Name	Street Address	City	State	Zip
SUSAN CROWELL	80 LINDOR HEIGHTS	Holyoke	MA	01040

Treasurer Name	Street Address	City	State	Zip
SUSAN CROWELL	80 LINDOR HEIGHTS	Holyoke	MA	01040

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

Director Name	Street Address	City	State	Zip
— NONE —				
— NONE —				

Director Name	Street Address	City	State	Zip
— NONE —				
— NONE —				

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
600	51	N/O PAR

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: SUSAN CROWELL
Date: 2/3/2021
Signature of Authorized Representative: Susan Crowell

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