State of Rhode Island
Department of State - Business Services Division

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.

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
000074669	Electro-Tec Systems, Inc.		
3. Principal Office Address	City	State	Zip
12 Elizabeth Drive	Lincoln	RI	02865
4. NAICS Code: 561621	6 Brief description of the character of business conducted in Rhode Island: Providing security systems for home and business.		
5. State of Incorporation: Rhode Island			

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

President Name: Todd F. Kilsey			~~Vice-President~~ Treasurer Name: Todd F. Kilsey		
Street Address: 12 Elizabeth Drive			Street Address: 12 Elizabeth Drive		
City: Lincoln	State: RI	Zip: 02865	City: Lincoln	State: RI	Zip: 02865
Secretary Name: Todd F. Kilsey			Treasurer Name		
Street Address: 12 Elizabeth Drive			Street Address		
City: Lincoln	State: RI	Zip: 02865	City	State	Zip

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	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	Stock	$1,000

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
Todd F. Kilsey	

Signature of Authorized Representative: T F Kilsey President 2-12-2021

2021 FEB 22 PM 3:42 RECEIVED DEPT OF STATE BUS SVCS DIV

FILED
3:42
FEB 22 2021
BY YMVBD

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