



State of Rhode Island

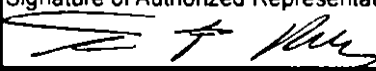
Department of State - Business Services Division

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 000074669		2. Exact name of the Corporation Electro-Tec Systems, Inc.			
3. Principal Office Address 12 Elizabeth Drive			City Lincoln	State RI	Zip 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 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 Todd F. Kilsey					Date
Signature of Authorized Representative  President					2-18-2021

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 22 2021

BY



FORM 630 - Revised: 08/2020