RI SOS Filing Number: 202192640880 Date: 2/23/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

CHIL	
	S GAMP

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Panelty: Additional \$25.00 fee if form is not filed by April 1.

	FEB 23 2021	_
B	8173	02

→ Penalty: Additional \$25		, ,		·· <del>····</del> · ····		<u> </u>		
1. Entity ID Number		2. Exact name of the Corporation						
120782	PRIME SYST	PRIME SYSTEMS, INC.						
3. Principal Office Address	ddress				State	Zip		
96 JEFFERSON BLVD			WARWICH	<b>〈</b>	RI	02888		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
541690		TO PROVIDE SERVICE, SALES AND MAINTENANCE FOR ALARM, FIRE AND						
5. State of Incorporation	TELECOM	TELECOMMUNICATION INDUSTRIES						
RHODE ISLAND								
7. List ALL officers (names ar	nd addresses)			Check	the box to	indicate an attachment		
President Name DAVID S. SANTOS			Vice-President Name TANYA L. SANTOS					
Street Address 96 JEFFERSON BLVD			Street Address 96 JEFFERSON BLVD.					
City WARWICK	State RI	<sup>Zip</sup> 02888	City WARWICK		State RI	<sup>Zip</sup> 02888		
Secretary Name DAVID S. SANTOS			Treasurer Na	Treasurer Name DAVID S. SANTOS				
Street Address 96 JEFFERSON BLVD.			Street Addres	Street Address 96 JEFFERSON BLVD.				
City WARWICK	State RI	<sup>Z<sub>1</sub>p</sup> 02888	City WARWICK		State RI	<sup>Zip</sup> 02888		
8. List ALL directors (names	and addresses)	·	1	Check	the box to	indicate an attachment		
Director Name WILLIAM A. PARROTT			Director Nam	Director Name DAVID S. SANTOS				
Street Address 8 HARRIS AVENUE				Street Address 96 JEFFERSON BLVD.				
City LINCOLN	State RI	Zip 02865	City WARWICK		State RI	Zip 02888		
Director Name TANYA L. SA	Director Name							
Street Address 96 JEFFERSON BLVD.			Street Address					
City WARWICK	State RI	<sup>Zip</sup> 02888	City		State	Zip		
9. Shares Authorized		10. Shares Is:	ssued Check the box to indicate an attach			indicate an attachment		
This information is currently o	f record in the	NUMBER C	F SHARES	CLASS/SERIES PAR VALUE		PAR VALUE		
Department of State.		100 SHARES		COMMON		\$0.10 PAR VALUE		
Changes require an additional filing.								
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	esentative. If the corp	oration is in	the hands of a receiver or		
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or t	trustee.				
Under penalty of perjury, I statements, and that all sta			•	including any accor	mpanying s	schedules and		
Name of Authorized Represe		Therein are crue ar	id correct.		Date /	' '		
DAVID S. SANTOS, PRESIDENT $2/10/2021$								
Signature of Authorized Rep	resentative //	,	_			<u> </u>		
Namel	A Con		PRESIDE	μr				
MAIL TO:	· · · · · · · · · · · · · · · · · · ·							

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov