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State of Rhode Island

Department of State - Business Services Division

SERVE

Annual	Report	for the	year:	202
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Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1

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в 8172	02

→ Penalty: Additional \$25.00 to				·· ····			
Entity ID Number		e of the Corporation	n <u> </u>				
120782	PRIME SYSTEMS, INC.						
3. Principal Office Address	<u> </u>	-	City		State	Zip	
96 JEFFERSON BLVD			WARWICE	<	RI	02888	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
541690	TO PROVIE	DE SERVICE, SALE	ES AND MAIN	ΓENANCE FOR ALA	RM, FIRE	AND	
5. State of Incorporation	TELECOMN	MUNICATION IN	DUSTRIES				
RHODE ISLAND							
7. List ALL officers (names and add	resses)			Check	the box to it	ndicate 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	Zip ₀₂₈₈₈	City WARWICK		State RI	^{Zip} 02888	
Secretary Name DAVID S. SANTOS			Treasurer Name DAVID S. SANTOS				
Street Address 96 JEFFERSON BLVD.			Street Address 96 JEFFERSON BLVD.				
City WARWICK	State RI	^{Zıp} 02888	City WARWICK		State RI	^{Zip} 02888	
8. List ALL directors (names and a	ddresses)	<u> </u>	<u> </u>	Check	the box to i	ndicate an attachment	
Director Name WILLIAM A. PARROTT		Director Name DAVID S. SANTOS					
Street Address 8 HARRIS AVENUE			Street Address 96 JEFFERSON BLVD.				
City LINCOLN	State RI	Z ₁ p 02865	City WARWICK		State RI	Zip 02888	
Director Name TANYA L. SANTOS			Director Name				
Street Address 96 JEFFERSON BLVD.		Street Address					
City WARWICK	State RI	Zip ₀₂₈₈₈	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Iss	sued	Check	the box to i	ndicate an attachment	
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIE	CLASS/SERIES PAR VALUE		
Department of State.		100 SHARI	ES	COMMON		\$0.10 PAR VALUE	
Changes require an additional filing.							
11. This report must be executed of	n behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in	the hands of a receiver or	
trustee, this report must be executi							
Under penalty of perjury, I decla statements, and that all stateme	nts contained		•	including any accor	npanying s	chedules and	
Name of Authorized Representative Date / /							
DAVID S. SANTOS, PRESIDENT 2/10/2021							
Signature of Authorized Representative (1997) (1997)							
MAIL TO:				·			

Division of Business Services

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

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