[redacted] Filing Number: 202193272350 Date: 2/26/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 26 AM 8:57

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			
000022214	KENNETH P. SOSCIA, INC.			
3. Principal Office Address		City	State	Zip
25 TOWER VIEW COURT		NARRAGANSETT	RI	02882
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561621	TO MANUFACTURE, ASSEMBLE, BUY, DISTRIBUTE, SELL AND INSTALL PRODUCTS, DEVICES, SYSTEMS AND PLANS FOR THE PREVENTION OF FIRE BURGLARY AND ALL OTHER CRIMINAL ACTS.			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: KENNETH P. SOSCIA			Vice-President Name: KENNETH P. SOSCIA		
Street Address: 25 TOWER VIEW COURT			Street Address: 25 TOWER VIEW COURT		
City: NARRAGANSETT	State: RI	Zip: 02882	City: NARRAGANSETT	State: RI	Zip: 02882
Secretary Name: KENNETH P. SOSCIA			Treasurer Name: KENNETH P. SOSCIA		
Street Address: 25 TOWER VIEW COURT			Street Address: 25 TOWER VIEW COURT		
City: NARRAGANSETT	State: RI	Zip: 02882	City: NARRAGANSETT	State: RI	Zip: 02882

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

Director Name: NONE			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
	100	COMMON	NO PAR VALUE

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
KENNETH P. SOSCIA, PRESIDENT	2-9-2021

Signature of Authorized Representative: Kenneth P. Soscia

FILED
FEB 26 2021
BY [redacted] 153666

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: 10/2017