RI SOS Filing Number: 202195441150 Date: 4/2/2021 4:00:00 PM

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

FILED
APR 02 2021
BY

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			
63659	SENTRY CONTRACTING SERVICES, INC.			
3. Principal Office Address		City	State	Zip
9130 Gallenia Court, Suite 100		Naples	FL	34109
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561730	Property maintenance/property services			
5. State of Incorporation				
Rhode Island				

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

President Name: Lisa M. Emma			Vice-President Name: Anthony L. Emma, Jr.		
Street Address: 9130 Gallenia Court, Suite 100			Street Address: 9130 Gallenia Court, Suite 100		
City: Naples	State: FL	Zip: 34109	City: Naples	State: FL	Zip: 34109
Secretary Name: Anthony L. Emma, Jr.			Treasurer Name: Anthony L. Emma, Jr.		
Street Address: 9130 Gallenia Court, Suite 100			Street Address: 9130 Gallenia Court, Suite 100		
City: Naples	State: FL	Zip: 34109	City: Naples	State: FL	Zip: 34109

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

Director Name: Anthony L. Emma, Jr.			Director Name: Lisa M. Emma		
Street Address: 9130 Gallenia Court, Suite 100			Street Address: 9130 Gallenia Court, Suite 100		
City: Naples	State: FL	Zip: 34109	City: Naples	State: FL	Zip: 34109
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
400	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
Anthony L. Emma, Jr.	8/24/2021

Signature of Authorized Representative: A. L. SIGN DOCUMENT HERE

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