



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

Annual Report for the year: **2020**

Non-Profit Corporation

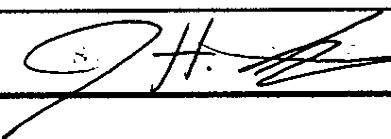
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV

2021 MAY 28 AM 9:02

1. Entity ID Number 133764		2. Exact name of the Corporation Rhode Island Alarm and Systems Contractors Assoc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Association representing systems contractors in the Rhode Island market and offering education to members.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 2525 West Shore Road		City Warwick		State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Henry Guzeika		Vice-President Name David Cicchitelli			
Street Address 111 Stubble Brook Road		Street Address 6 Peveril Road			
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02921
Secretary Name Matthew Bergeron		Treasurer Name Jason Sidok			
Street Address 1600 Smith Street		Street Address 2 Skyla Way			
City North Providence	State RI	Zip 02911	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Mustapha Gharaee		Director Name Jason Sidok			
Street Address 40 Old Louisquisset Pike - Unit #1204		Street Address 2 Skyla Way			
City North Smithfield	State RI	Zip 02896	City Rehoboth	State MA	Zip 02769
Director Name David Cicchitelli		Director Name			
Street Address 6 Peveril Road		Street Address			
City Cranston	State RI	Zip 02921	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Jason H. Sidok				Date 5/20/2021	
Signature of Officer/Authorized Representative 				Treasurer, RIASCA	

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

MAY 28 2021

BY *CH* 3443E

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FORM 631 - Revised: 11/2017