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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY 28 AM 9:02

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.

1. Entity ID Number	2. Exact name of the Corporation
133764	**Rhode Island Alarm and Systems Contractors Association**
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	City	State	Zip
2525 West Shore Road	**Warwick**	**RI**	**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	Date
Jason H. Sidok	**5/20/2021**

Signature of Officer/Authorized Representative: J. H. S. 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 CR 34435
9:03

FORM 631 - Revised: 11/2017