



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001712633

2. Name of Corporation CERTIFIED LOCKSMITH INC

3. Street Address Principal Business Office:

No. and Street: 3 REGENCY PLAZA

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

4. Business Phone No.

4016639681

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561622

6. Brief Description of the Character of Business Conducted in Rhode Island

CERTIFIED LOCKSMITH INC IS AN AUTOMOBILE LOCKSMITH/AUTOMOTIVE SERVICE PROVIDER, WE OPERATE AT RHODE ISLAND AND MASSACHUSETTS 24/7 . WITH YEARS OF EXPERIENCE IN THE LOCKSMITH AND AUTOMOBILE INDUSTRY , CERTIFIED LOCKSMITH IS GUARANTEED TO GIVE YOU THE MOST PROFESSIONAL, AFFORDABLE AND QUICK SERVICE YOU CAN GET. OUR SERVICES INCLUDES: SPECIALIZING WITH CAR KEYS MADE ON SITE FOR ALL MAKING MODELS CAR/HOUSE/BUISSNESS/SAFE LOCKOUTS LOCKS INSTALLED/ REPAIRED/CHANGED LOCK REKEY IGNITION REPAIR/CHANGE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	OMRI OHAYON	3 REGENCY PLAZA APT 1011E PROVIDENCE, RI 02903 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	0

9. 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.

Signed this 30 Day of May, 2021 at 11:45:11 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By O.O
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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