



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001699302

2. Name of Corporation SafeGuard Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 93 PROVIDENT PL
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE THE UNITED STATES ARMED FORCES SERVICES MEMBERS VETERANS AND FIRST RESPONDERS WITH VISUAL SAFE GUARDS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	ROBERT HORTON JR	1184 FISH HILL RD WEST GREENWICH, RI 02817 USA

DIRECTOR	STEPHEN MONDACA	93 PROVIDENT PL COVENTRY, RI 02816 USA
DIRECTOR	DANA MONDACA	93 PROVIDENT PLACE COVENTRY, RI 02816 USA
DIRECTOR	DANIEL BOYCE	32 BERKLEY ST CRANSTON, RI 02910 USA
DIRECTOR	STACY LACAZE	32 BERKLEY ST CRANSTON, RI 02910 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

STEPHEN MONDACA 93 PROVIDENT PL COVENTRY , RI 02816

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of September, 2021 at 9:59:01 AM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By STACY LACAZE
Signature of Authorized Person

Form No. 631
Revised 09/07