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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2021 SEP 30 A 11:28MP

Annual Report for the year: **2018**
Corporation

FOR
SECRETARY OF STATE
USE ONLY

- 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 000792391		2. Exact name of the Corporation United Security, Inc			
3. Principal Office Address 40 Shrewsbury Avenue			City Red Bank	State NJ	Zip 07701
4. NAICS Code 521612		6. Brief description of the character of business conducted in Rhode Island Private Security Guard Operations and Services			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Consoli			Vice-President Name		
Street Address 25 Livingston Street			Street Address		
City Fairfield	State CT	Zip 06825	City	State	Zip
Secretary Name George Guilfoy			Treasurer Name Christine Gelatt		
Street Address 207 Indian Pond Road			Street Address 153 Green Oak Boulevard		
City Kingston	State MA	Zip 02364	City Middletown	State NJ	Zip 07748
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			300	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 Christine Gelatt				Date 09/23/2021	
Signature of Authorized Representative 					

FILED m

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY Ch 1 MDS2 FORM 630 - Revised: 08/2020

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