



RI SOS Filing Number: 202215600190

Date: 4/22/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLYAnnual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2022 APR 22 A 9:02

1. Entity ID Number 001658869		2. Exact name of the Corporation 1-800-HOMEWATCH, INC.			
3. Principal Office Address 28 Versailles Street			City Cranston	State RI	Zip 02920
4. NAICS Code 561621		6. Brief description of the character of business conducted in Rhode Island Fire and security alarm business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy David Yuettner			Vice-President Name		
Street Address 28 Versailles Street			Street Address 28 Versailles Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Timothy David Yuettner			Treasurer Name Timothy David Yuettner		
Street Address 28 Versailles Street			Street Address 28 Versailles Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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		
			CLASS/SERIES		
			PAR VALUE		
			100 common shares \$.01 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 Timothy D. Yuettner					Date 4/14/2022
Signature of Authorized Representative <i>Timothy D. Yuettner</i>					FILED

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 *[Signature]* 2133
9:02

FORM 630 - Revised: 11/2021