



State of Rhode Island

Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2022

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Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | | |
|---|--------------------|--|---|--------------------------|--|--|
| 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
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 FORM 630 - Revised: 11/2021