



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP
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31658

- 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 <u>00004230</u>		2. Exact name of the Corporation <u>CITY LOCK SERVICE SUPPLY COMPANY, INC.</u>			
3. Principal Office Address <u>1204 ELMWOOD AVENUE</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>561622</u>		6. Brief description of the character of business conducted in Rhode Island <u>LOCKSMITH SERVICES</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>SUSAN CROWELL</u>			Vice-President Name <u>SUSAN CROWELL</u>		
Street Address <u>80 LINDOR HEIGHTS</u>			Street Address <u>80 LINDOR HEIGHTS</u>		
City <u>Holyoke</u>	State <u>MA</u>	Zip <u>01040</u>	City <u>Holyoke</u>	State <u>MA</u>	Zip <u>01040</u>
Secretary Name <u>SUSAN CROWELL</u>			Treasurer Name <u>SUSAN CROWELL</u>		
Street Address <u>80 LINDOR HEIGHTS</u>			Street Address <u>80 LINDOR HEIGHTS</u>		
City <u>Holyoke</u>	State <u>MA</u>	Zip <u>01040</u>	City <u>Holyoke</u>	State <u>MA</u>	Zip <u>01040</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>- NONE -</u>			Director Name <u>- NONE -</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>- NONE -</u>			Director Name <u>- NONE -</u>		
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
			<u>600</u>	<u>51</u>	<u>NO PAR</u>
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 <u>SUSAN CROWELL</u>				Date <u>1/31/23</u>	
Signature of Authorized Representative <u>Susan Crowell</u>					