



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FEB 02 2023

31658

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>	City <u>Holyoke</u>	State <u>MA</u>
Zip <u>01040</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>	City <u>Holyoke</u>	State <u>MA</u>
Zip <u>01040</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	City	State
Zip		Zip	
Director Name <u>- NONE -</u>		Director Name <u>- NONE -</u>	
Street Address		Street Address	
City	State	City	State
Zip		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>			

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

FORM 630 - Revised: 08/2020