State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

FILED
MAR 01 2023
BY 18578

1. Entity ID Number	2. Exact name of the Corporation			
000486673	Security Supply, Inc.			
3. Principal Office Address		City	State	Zip
115 Niantic Avenue		Cranston	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
999999	Selling of fire security, video equipment, and any other lawful purpose.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William F. Donahue, IV.			Vice-President Name: Thomas Reilly		
Street Address: 26 Silver Spring Street			Street Address: 59 Winslow Avenue		
City: Providence	State: RI	Zip: 02904	City: Warwick	State: RI	Zip: 02886
Secretary Name: William F. Donahue, IV.			Treasurer Name: Thomas Reilly		
Street Address: 26 Silver Spring Street			Street Address: 59 Winslow Avenue		
City: Providence	State: RI	Zip: 02904	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: William F. Donahue, IV.			Director Name: Thomas Reilly		
Street Address: 26 Silver Spring Street			Street Address: 59 Winslow Avenue		
City: Providence	State: RI	Zip: 02904	City: Warwick	State: RI	Zip: 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
40	Common	No par

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	Date
William F. Donahue, IV.	2/3/23

Signature of Authorized Representative

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: 11/2021