5532012/ 76 C3/10/2023 <mark>RI₂SOS Filing Number: 202331380260</mark>					Date: 3/17/2023 4:00:00 PM				
State of Rhode Isl			: D : .:_:						
Department of St		s Se	rvices Division						
Annual Report for the year: 2023				FILED					
ightarrow Fing period February 1 - May 1 $ ightharpoonup$.				MAR 1 7 2023					
→ F ng Fee \$50 00				* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
→ Penaity Additional \$25,00 fe	ee if form is not file	by f	May 31			BY	_ \ (14 V2	
								<u> </u>	
* Entity ID Number	Corporation			•					
001694197	S & P S	ΞC	JRITY SYSTE	EMS, IN	iC				
3 Principal Office Address	City								
1 BERARD COURT	WESTPORT MA 02790								
561600	NAICS Code 6 Brief description of the character of business conducted in Rhode Island 6.1.6.0.0								
5. State of Incorporation									
7 List ALL officers (names and addresses)						Check t	ne hoy to inqu	rate an attachment	
President Name	Check the box to indicate an attachment Vice-President Name								
PHILLP D. PLATT	PHILLP D. PLATT								
Street Address				Street Address					
1 BERARD COURT									
C ty	State	Zp		C⋅ty		Sta	ate	Zıp	
WESTPORT MA 02790 Secretary Name				Treasurer Name					
Occidity Ival. 6		. reasoner Haurie							
Street Address				Street Address					
C ty	State Zip		<u> </u>	City	City		ate	. Zip	
	3.5.0		,	100,			x16	1	
8 List ALL directors (names an			Check t	he pox to indi	cate an attachment				
Director Name				Director Name					
Strong Address									
Street Address				Street Address					
City	State Z		<u> </u>	City		Sta	n'e	Zıp	
				",					
Director Name				Director Name					
Street Address				Street Andress					
City	State	Ζp)	C :y		Sta	ate	Zıp	
9 Shares Authorized	<u> </u>	<u>i </u>	10 Shares ssued			Check t	he box to inai	cate an attachment	
This information is currently of record in the						CLASS/SERIES	•	PAR VALUE	
Department of State.			100			MMON		С	
Changes require an additiona						_			
1" This report must be executed						corporation is in	the hands of	a receiver or	
trustee, this report must be executive the control of perjury, I									
						uding any acc	ompanying	schedules and	
Name of Authorized Representative Date: Da									
					Date 5-14:23				
Signature of Author zed Represi									
PHILIP D. PLATI						·			

MAIL TO:

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615.

Phone: (401) 222-3040 Website: www.sos.ri.gov