



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.

RECEIVED STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 FOR SECRETARY OF STATE
 USE ONLY

2023 APR 26 A 9 58

1. Entry ID Number 000022214		2. Exact name of the Corporation KENNETH P. SOSCIA, INC.	
3. Principal Office Address 25 TOWER VIEW COURT		City NARRAGANSETT	State RI
		Zip 02882	
4. NAICS Code 561621	6. Brief description of the character of business conducted in Rhode Island To manufacture, assemble, buy, distribute, sell & install products, devices, systems and plans for prevention of fire burglary & all other criminal acts.		
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 KENNETH P. SOSCIA		Vice-President Name KENNETH P. SOSCIA	
Street Address 25 TOWER VIEW COURT		Street Address 25 TOWER VIEW COURT	
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT
			State RI
			Zip 02882
Secretary Name KENNETH P. SOSCIA		Treasurer Name KENNETH P. SOSCIA	
Street Address 25 TOWER VIEW COURT		Street Address 25 TOWER VIEW COURT	
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT
			State RI
			Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		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
			NO 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. <i>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.</i>			
Name of Authorized Representative KENNETH P. SOSCIA, PRESIDENT		Date 2-20-23	
Signature of Authorized Representative <i>Kenneth P. Soscia</i>		FILED APR 26 2023	

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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