



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

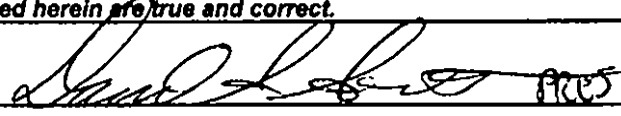
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BOS. SEC. 2

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1. Entity ID Number 120782		2. Exact name of the Corporation PRIME SYSTEMS, INC.			
3. Principal Office Address 96 JEFFERSON BOULEVARD		City WARWICK	State RI	Zip 02888	
4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE SERVICE, SALES AND MAINTENANCE FOR ALARM, FIRE AND TELECOMMUNICATION INDUSTRIES				
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 DAVID S. SANTOS		Vice-President Name TANYA L. SANTOS			
Street Address 96 JEFFERSON BOULEVARD		Street Address 96 JEFFERSON BOULEVARD			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name DAVID S. SANTOS		Treasurer Name DAVID S. SANTOS			
Street Address 96 JEFFERSON BOULEVARD		Street Address 96 JEFFERSON BOULEVARD			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM A. PARROTT		Director Name DAVID S. SANTOS			
Street Address 8 HARRIS AVENUE		Street Address 96 JEFFERSON BOULEVARD			
City LINCOLN	State RI	Zip 02865	City WARWICK	State RI	Zip 02888
Director Name TANYA L. SANTOS		Director Name			
Street Address 96 JEFFERSON BOULEVARD		Street Address			
City WARWICK	State RI	Zip 02888	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 SHARES		COMMON	\$0.10 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. 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 DAVID S. SANTOS, PRESIDENT					Date 4/19/2023
Signature of Authorized Representative 					
FILED					

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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FORM 630 - Revised: 2/2023