



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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BUS SVCS DIV
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number 000534852 | | 2. Exact name of the Corporation Security Vault Works, Inc | |
| 3. Principal Office Address 122 Lafayette Avenue | | City Laurel | State MD |
| | | Zip 20707 | |
| 4. NAICS Code 238900 | 6. Brief description of the character of business conducted in Rhode Island Nationwide Commercial General Contractor | | |
| 5. State of Incorporation Maryland | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Robert J. Blake-Ward | | Vice-President Name Jack Lewis | |
| Street Address 122 Lafayette Avenue | | Street Address 122 Lafayette Avenue | |
| City Laurel | State MD | City Laurel | State MD |
| Zip 20707 | | Zip 20707 | |
| Secretary Name Colin Lindahl | | Treasurer Name Colin Lindahl | |
| Street Address 122 Lafayette Avenue | | Street Address 122 Lafayette Avenue | |
| City Laurel | State MD | City Laurel | State MD |
| Zip 20707 | | Zip 20707 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Brent Teeter | | Director Name | |
| Street Address 122 Lafayette Avenue | | Street Address | |
| City Laurel | State MD | City | State |
| Zip 20707 | | Zip | |
| Director Name David Hargrave | | Director Name | |
| Street Address 122 Lafayette Avenue | | Street Address | |
| City Laurel | State MD | City | State |
| Zip 20707 | | 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 <input type="checkbox"/> | |
| | | NUMBER OF SHARES | CLASS/SERIES |
| | | 1,000 | CWP |
| | | | 1.0000 |
| 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 Robert J. Blake-Ward | | Date 7-21-2023 | |
| 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

JUL 28 2023
BY ML98XJ
12:00

FORM 630 - Revised: 11/2021