



State of Rhode Island  
Department of State - Business Services Division

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2023 JUL 28 AM 11:58

Annual Report for the year: 2022  
Corporation

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

1. Entity ID Number <b>000534852</b>		2. Exact name of the Corporation <b>Security Vault Works, Inc</b>			
3. Principal Office Address <b>122 Lafayette Avenue</b>			City <b>Laurel</b>	State <b>MD</b>	Zip <b>20707</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Nationwide Commercial General Contractor</b>			
5. State of Incorporation <b>Maryland</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert J. Blake-Ward</b>			Vice-President Name <b>Jack Lewis</b>		
Street Address <b>122 Lafayette Avenue</b>			Street Address <b>122 Lafayette Avenue</b>		
City <b>Laurel</b>	State <b>MD</b>	Zip <b>20707</b>	City <b>Laurel</b>	State <b>MD</b>	Zip <b>20707</b>
Secretary Name <b>Colin Lindahl</b>			Treasurer Name <b>Colin Lindahl</b>		
Street Address <b>122 Lafayette Avenue</b>			Street Address <b>122 Lafayette Avenue</b>		
City <b>Laurel</b>	State <b>MD</b>	Zip <b>20707</b>	City <b>Laurel</b>	State <b>MD</b>	Zip <b>20707</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Brent Teeter</b>			Director Name		
Street Address <b>122 Lafayette Avenue</b>			Street Address		
City <b>Laurel</b>	State <b>MD</b>	Zip <b>20707</b>	City	State	Zip
Director Name <b>David Hargrave</b>			Director Name		
Street Address <b>122 Lafayette Avenue</b>			Street Address		
City <b>Laurel</b>	State <b>MD</b>	Zip <b>20707</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <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 <b>Robert J. Blake-Ward</b>				Date <b>7-21-2023</b>	
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 ml gib CXT  
11:59  
FORM 630 - Revised: 11/2021