



State of Rhode Island

Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.
2023 JUL 28 4 44 58

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 238990		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	Zip 20707	City Laurel	State MD	Zip 20707
Secretary Name Colin Lindahl			Treasurer Name Colin Lindahl		
Street Address 122 Lafayette Avenue			Street Address 122 Lafayette Avenue		
City Laurel	State MD	Zip 20707	City Laurel	State MD	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	Zip 20707	City	State	Zip
Director Name David Hargrave			Director Name		
Street Address 122 Lafayette Avenue			Street Address		
City Laurel	State MD	Zip 20707	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		PAR VALUE
			1,000		1.0000
			CWP		
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 ML 93 CXT FORM 630 - Revised: 11/2021

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