



State of Rhode Island
Department of State - Business Services Division

STAMP

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

1. Entity ID Number 001725775			2. Exact name of the Corporation McCray Global Protection Corp.			2024 JAN 11 P 4:11			
3. Principal Office Address 4530 S Orange Blossom Trail				City Orlando		State FL		Zip 32839	
4. NAICS Code 561612			6. Brief description of the character of business conducted in Rhode Island Security Guard Services						
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 Craig McCray				Vice-President Name Michael McCray					
Street Address 4530 S Orange Blossom Trail				Street Address 4530 S Orange Blossom Trail					
City Orlando		State FL		Zip 32839		City Orlando		State FL Zip 32839	
Secretary Name Joseph McCray				Treasurer Name none					
Street Address 4530 S Orange Blossom Trail				Street Address none					
City Orlando		State FL		Zip 32839		City none		State none Zip none	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name none				Director Name none					
Street Address none				Street Address none					
City none		State none		Zip none		City none		State none Zip none	
Director Name none				Director Name none					
Street Address none				Street Address none					
City none		State none		Zip none		City none		State none Zip none	
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		Class A		.01	
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 Craig McCray						Date 01/11/2024			
Signature of Authorized Representative <i>[Signature]</i>						FILED			
						JAN 11 2024			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY RSKTD 4:12
[Signature]