



State of Rhode Island
Department of State - Business Services Division

STAMP

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

REC.
CORPORATION STATE
RI 02904

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>Craig McCray</i>	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

JAN 11 2024
BY RSKTD
AL