RI SOS Filing Number: 202445052790 Date: 1/30/2024 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** STAMP Annual Report for the year: 2024 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. ¥20° 1. Entity ID Number 2. Exact name of the Corporation **SENTRY Electronics, Incorporated** 000044788 B G Zip 3. Principal Office Address State City 02904 16 Twins Lane **North Providence** 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 561621 Install, repair, purchase, sell and generally deal in alarm and alarm systems. State of Incorporation RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name Alfred S. Paesano Beverly A. Paesano Street Address Street Address 16 Twins Lane 16 Twins Lane City State Zip City State **North Providence** RI 02904 **North Providence** RI 02904 Secretary Name Treasurer Name Beverly A. Paesano Beverly A. Paesano Street Address Street Address 16 Twins Lane 16 Twins Lane City State City Zip Zip State North Providence RI 02904 **North Providence** 02904 RI List ALL directors (names and addresses) Check the box to indicate an attachment Director Name **Director Name** Alfred S. Paesano Beverly A. Paesano Street Address Street Address 16 Twins Lane 16 Twins Lane City State Zip City State Zip North Providence RI 02904 02904 **North Providence** RI Director Name Director Name Street Address Street Address City State City Zip State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 100 **Common Shares** \$1.00 par value Changes require an additional filing. 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

Signature of Authorized Representative

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<u>FILED</u>

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Beverly A. Paesano

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