



State of Rhode Island

Department of State - Business Services Division

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.

STAMP

FILED

SECRETARY OF STATE

FEB 08 2024

BY *29267*

1. Entity ID Number 000014431		2. Exact name of the Corporation National Security Corporation			
3. Principal Office Address 65 Newport Avenue			City East Providence	State RI	Zip 02903
4. NAICS Code 541870		6. Brief description of the character of business conducted in Rhode Island Communications and Alarm Systems			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher P. Morra			Vice-President Name Christopher P. Morra, Jr.		
Street Address 65 Newport Avenue			Street Address 65 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Christopher P. Morra			Treasurer Name Christopher P. Morra		
Street Address 65 Newport Avenue			Street Address 65 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher P. Morra			Director Name		
Street Address 65 Newport Avenue			Street Address		
City East Providence	State	Zip 02916	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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 Christopher P. Morra				Date 2/1/2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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