

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

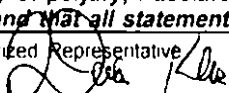
→ Filing period February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 19 2024

4496202

1. Entity ID Number 000912481		2. Exact name of the Corporation HEARTLAND VIDEO SYSTEMS INC.			
3. Principal Office Address 1311 PILGRIM ROAD			City PLYMOUTH		State WI
4. NAICS Code 449210		6. Brief description of the character of business conducted in Rhode Island ELECTRONIC EQUIP			
5. State of Incorporation WI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DENNIS G KLAS			Vice-President Name JODY KLAS		
Street Address N3170 BATES ROAD			Street Address N3170 BATES RD		
City CASCADE	State WI	Zip 53011	City CASCADE	State WI	Zip 53011
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/STOCKS COMMON	PAR VALUE 1	
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 					Date 3-13-24
Signature of Authorized Representative DENNIS KLAS					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov