RI SOS Filing Number: 202449381120			Date: 3/22/2024 4:00:00 PM				
State of Rhode Island Department of Sta	te - Rusines	s Services D)ivieion				
rget		3 Gervices L	714131011		F	LED: 17.112	
Annual Report for the year: 2024							
Corporation			-		MAR	2 2 2024	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				1	BY N	101670	
→ Penalty: Additional \$25.00 fe	e if form is not fi	led by May 31.		•		+1.70K	
1. Entity ID Number		f the Corporation		· · ·	-	- W	
000486673	Security S	Supply, Inc.					
3. Principal Office Address			City		State	Zip	
115 Niantic Avenue			Cranston		RI	02907	
4. NAICS Code				onducted in Rhode Isl			
428 AV	Selling of fire security, video equipment, and any other lawful purpose.						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and add	ames and addresses)			Check the box to indicate an attachment ☐			
President Name William F. Donahue, IV.			I nomas Relliy				
Street Address 26 Silver Spring Street			Street Address 59 Winslow Avenue				
^{City} Providence	State RI	^{Zip} 02904	City Warwic		State RI	^{Zip} 02886	
Secretary Name William F. Donahue, IV.			Treasurer Name Thomas Reilly				
Street Address 26 Silver Spring Street			Street Address 59 Winslow Avenue				
^{City} Providence	State RI	^{Zip} 02904	City Warwick		State RI	^{zip} 02886	
8. List ALL directors (names and ad	ldresses)			Check th	ne box to it	ndicate an attachment 🗖	
Director Name William F. Dona			Director Name	Thomas Reilly			
Street Address 26 Silver Spring Street			Street Address 59 Winslow Avenue				
City Providence	State RI	^{Zip} 02904	City Warwick		State RI	^{Zip} 02886	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES Alex		PAR VALUE	
Changes require an additional filing.		40		Common	Common No p		
						n.	
11. This report must be executed or	n behalf of the cor	poration by an au	thorized represe	entative. If the corpora	ation is in t	he hands of a receiver or	
trustee, this report must be execute Under penalty of perjury, I declar	o on penalt of the e and affirm that	corporation by the corporation becomes a corporation by the corporation by the corporation by the corporation becomes a corporation by the corporation becomes a corporation by the corporation becomes a corporation becomes a corporation by the corporation becomes a corporation becom	ne receiver or tru d this report, in	stee. cluding anv accome	anyina se	chedules and	
statements, and that all statemen	its contained her	rein are true and	correct.				
Name of Authorized Representative William F. Donahue, IV.	1				Date	2/25/24	
——————————————————————————————————————						-1-4/67	

MAIL TO:

Division of Business Services

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

Signature of Authorized Representative

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