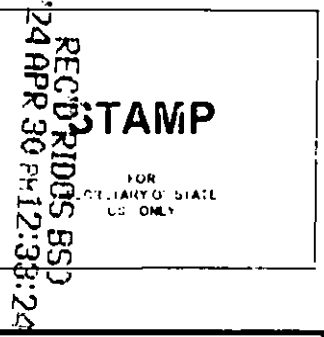




State of Rhode Island
Department of State - Business Services Division



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.

1. Entity ID Number 000816750		2. Exact name of the Corporation Bourque Alarm Systems, Inc.			
3. Principal Office Address 28 Versailles Street			City Cranston	State RI	Zip 02920
4. NAICS Code 561621		6. Brief description of the character of business conducted in Rhode Island Fire alarm sales and service			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Timothy David Yuettner			Vice-President Name		
Street Address 28 Versailles Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Timothy David Yuettner			Treasurer Name Timothy David Yuettner		
Street Address 28 Versailles Street			Street Address 28 Versailles Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Timothy David Yuettner			Director Name		
Street Address 28 Versailles Street			Street Address		
City Cranston	State RI	Zip 02920	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. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 7203.327 value	CLASS/SERIES Common Shares	PAR VALUE 0.01 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.					
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 Timothy David Yuettner				Date 4-20-2024	
Signature of Authorized Representative 				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

APR 30 2024
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FORM 630 - Revised: 04/2023