



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---|--------------------|--|---|----------------------|------------------------------|
| 1. Entity ID Number 000044788 | | | 2. Exact name of the Corporation SENTRY Electronics, Incorporated | | |
| 3. Principal Office Address 16 Twins Lane | | | City North Providence | State RI | Zip 02904 |
| 4. NAICS Code 561621 | | 6. Brief description of the character of business conducted in Rhode Island Install, repair, purchase, sell and generally deal in alarm 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 Alfred S. Paesano | | | Vice-President Name Beverly A. Paesano | | |
| Street Address 16 Twins Lane | | | Street Address 16 Twins Lane | | |
| City North Providence | State RI | Zip 02904 | City North Providence | State RI | Zip 02904 |
| Secretary Name Beverly A. Paesano | | | Treasurer Name Beverly A. Paesano | | |
| Street Address 16 Twins Lane | | | Street Address 16 Twins Lane | | |
| City North Providence | State RI | Zip 02904 | City North Providence | State RI | Zip 02904 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Alfred S. Paesano | | | Director Name Beverly A. Paesano | | |
| Street Address 16 Twins Lane | | | Street Address 16 Twins Lane | | |
| City North Providence | State RI | Zip 02904 | City North Providence | State RI | Zip 02904 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | Common Shares | \$1.00 par value |
| 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 Beverly A. Paesano | | | | | Date Jan. 18, 2025 |
| Signature of Authorized Representative <i>Beverly A. Paesano</i> | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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