



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 000869988 | | 2. Exact name of the Corporation ALEXACO, INC. | | | | | | | | | | | | |
|--|--------------------|---|--|--------------------|------------------------|------------------|--------------|-----------|-------|--------|--------|--|--|--|
| 3. Principal Office Address 20 Cedar Swamp Road | | | City Smithfield | State RI | Zip 02917 | | | | | | | | | |
| 4. NAICS Code 561622 | | 6. Brief description of the character of business conducted in Rhode Island A general locksmith business, inclusive of selling mechanical/electrical locking devices, alarm systems, safes & security vaults, along with installation, repair & rebuilding services & other related services. | | | | | | | | | | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name JARED GRUSLIN | | | Vice-President Name JARED GRUSLIN | | | | | | | | | | | |
| Street Address 20 Cedar Swamp Road | | | Street Address 20 Cedar Swamp Road | | | | | | | | | | | |
| City Smithfield | State RI | Zip 02917 | City Smithfield | State RI | Zip 02917 | | | | | | | | | |
| Secretary Name JARED GRUSLIN | | | Treasurer Name JARED GRUSLIN | | | | | | | | | | | |
| Street Address 20 Cedar Swamp Road | | | Street Address 20 Cedar Swamp Road | | | | | | | | | | | |
| City Smithfield | State RI | Zip 02917 | City Smithfield | State RI | Zip 02917 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name NONE | | | Director Name NONE | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| Director Name NONE | | | Director Name NONE | | | | | | | | | | | |
| 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. | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 1,000 | COMMON | NO PAR | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | |
| 1,000 | COMMON | 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. 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 JARED GRUSLIN | | | | | Date 1/10/25 | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |

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