RI SOS Filing Number: 202565929860 Date: 2/24/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division						EECO COTAMP	
Annual Report for the year: 2025					:	iDag.	
Annual Report for the year: 2025 Corporation							
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation						
000054747 SHOWTIME SECURITY INC.							
3. Principal Office Address 220 WEYBOSSET STREET			City	DENCE	State RI	Zip 02903	
4. NAICS Code		intion of the charac		s conducted in Rhoo		02000	
561612		SECURITY GUARD SERVICE					
5. State of Incorporation	+						
RI							
7. List ALL officers (names and addresses) Check the box to indicate an attack						te an attachment 🔲	
President Name DAVID LUONGO			Vice-Presid	Vice-President Name SAME			
Street Add PRVIEW AVE			Street Addr	Street Address			
City NORTH PROVIDENCE	State RI	Zip 02904	City		State	Zip	
Secretary Name SAME			Treasurer Name SAME				
Street Address			Street Addr	Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment			
Director Name	Director Na	Director Name					
Street Address			Street Address				
City	State	Zip	City		State	Žip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss				ite an attachment	
This information is currently of record in the Department of State.		NUMBER O	NUMBER OF SHARES		ERIES	0 PAR	
Changes require an additional filing.		200		CNP			
				·			
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 of Authorized Representative						Date 2-24-25	
DAVID LUONGO						†-2J	
Signature of Authorized Representative FILED							
MAIL TO: FEB 2 4 2025							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 30160

FORM 630- Revised: 12/2023