



State of Rhode Island

Department of State - Business Services Division

FILED

APR 02 2025

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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BY 1072

1. Entity ID Number 000036046		2. Exact name of the Corporation Industrial Security and Investigators, Inc.			
3. Principal Office Address 58 Waterman Avenue		City North Providence		State RI	Zip 02911
4. NAICS Code 561612	6. Brief description of the character of business conducted in Rhode Island Investigative and Protective Services				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gian Gentile			Vice-President Name Gian Gentile		
Street Address 58 Waterman Avenue			Street Address 58 Waterman Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Gian Gentile			Treasurer Name Gian Gentile		
Street Address 58 Waterman Avenue			Street Address 58 Waterman Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name John DiPippo			Director Name		
Street Address 58 Waterman Avenue			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1,000	CLASS/SERIES CNP	PAR VALUE \$0.0000
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 Gian Gentile				Date 3/20/2025	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov

FORM 630 - Revised: 2/2023