



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
25 APR 16 AM 11:46:33

1. Entity ID Number 000133764		2. Exact name of the Corporation Rhode Island Alarm and Systems Contractors Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To promote mutual interest of the alarm protection industry and foster relations between members. Keep membership abreast of state codes and regulations.			
4. NAICS Code 813910					
6. Principal Office Address 111 Stubble Brook Road			City West Greenwich	State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Henry R. Guzeika			Vice-President Name David Cicchitelli		
Street Address 111 Stubble Brook Road			Street Address 6 Peveril Road		
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02921
Secretary Name Matthew Bergeron			Treasurer Name Jason H. Sidok		
Street Address 1600 Smith Street			Street Address 2 Skyla Way		
City North Providence	State RI	Zip 02911	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Jason H. Sidok			Director Name Mustapha Gharaee		
Street Address 2 Skyla Way			Street Address 40 Old Louisqulset Pike, Unit #1204		
City Rehoboth	State MA	Zip 02769	City North Smithfield	State RI	Zip 02896
Director Name David Cicchitelli			Director Name		
Street Address 6 Peveril Road			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
9. The Registered Agent Information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jason H. Sidok				Date 4/18/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3343
Website: www.sos.ri.gov

FILED

APR 16 2025 FORM 631 - Revised: 04/2023

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