State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
000133764	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	City	State	Zip
111 Stubble Brook Road	West Greenwich	RI	02817

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Henry R. Guzelka	111 Stubble Brook Road	West Greenwich	RI	02817

Vice-President Name	Street Address	City	State	Zip
David Cicchitelli	6 Peveril Road	Cranston	RI	02921

Secretary Name	Street Address	City	State	Zip
Matthew Bergeron	1600 Smith Street	North Providence	RI	02911

Treasurer Name	Street Address	City	State	Zip
Jason H. Sidok	2 Skyla Way	Rehoboth	MA	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	Street Address	City	State	Zip
Jason H. Sidok	2 Skyla Way	Rehoboth	MA	02769

Director Name	Street Address	City	State	Zip
Mustapha Gharaee	40 Old Louisquisset Pike, Unit #1204	North Smithfield	RI	02896

Director Name	Street Address	City	State	Zip
David Cicchitelli	6 Peveril Road	Cranston	RI	02921

Director Name	Street Address	City	State	Zip

9. The Registered Agent Information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Jason H. Sidok	4/8/2025

Signature of Officer/Authorized Representative

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

FILED
APR 16 2025
BY 3288

FORM 631 - Revised: 04/2023