



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED FOR SECRETARY OF STATE USE ONLY
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 14 A 11:06

| | | | | | |
|---|--------------------|--|---|----------------------------|--|
| 1. Entity ID Number 001658869 | | 2. Exact name of the Corporation 1-800-HOMEWATCH, INC. | | | |
| 3. Principal Office Address 28 Versailles Street | | | City Cranston | State RI | Zip 02920 |
| 4. NAICS Code 561621 | | 6. Brief description of the character of business conducted in Rhode Island Fire and security alarm business | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Timothy David Yuettner | | | Vice-President Name | | |
| Street Address 28 Versailles Street | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | City | State | Zip |
| Secretary Name Timothy David Yuettner | | | Treasurer Name Timothy David Yuettner | | |
| Street Address 28 Versailles Street | | | Street Address 28 Versailles Street | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 Common with 0.01 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. | | | | | |
| <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> | | | | | |
| Name of Authorized Representative Timothy David Yuettner | | | | Date 2/5/2023 | |
| Signature of Authorized Representative <i>Timothy D. Yuettner</i> | | | | Date FEB 14 2023 | |

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

BY *[Signature]*
11:06