



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 FEB 14 A 11:06

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

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