		land and Dray	·	
RALPH MOIL	State of Rhode Is Office of	of the Secreta		tions Fee: \$50
secretary of Ste	Providen	Corporations Div 148 W. River St ce, Rhode Island ephone: (401) 22	reet 02904-2615	
imited Liability	Company			
Annual Report	nber 1 - November 1			
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	R.I.G.L. 7-16-66(d), each lim within thirty (30) days after t			ng to
-16-66(b&c)) is sub,	ject to a penalty fee of \$25.	00.		
ANNUAL REPORT	YEAR: <u>2009</u>			
1. ID No. <u>0003</u>	12959			
2. Exact Name of	the Limited Liability Com	npany <u>AMP Alar</u>	m LLC	
3. State of Format	tion			
State: UT				
	n of the Character of the I	Business Which	is Actually Condu	cted in Rhode Island
	n of the Character of the I	Business Which	is Actually Condu	cted in Rhode Island
4. Brief Description			is Actually Condu	cted in Rhode Island
4. Brief Description Selling and Installat	tion of home security system		is Actually Condu	cted in Rhode Island
4. Brief Description	tion of home security system Address		is Actually Condu	cted in Rhode Island
<ol> <li>Brief Description</li> <li>Selling and Installat</li> <li>Principal Office</li> <li>No. and Street:</li> </ol>	tion of home security system Address <u>815 W. 1200 S.</u>	<u>ms.</u>	-	
<ol> <li>Brief Description</li> <li>Selling and Installat</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> </ol>	tion of home security system Address <u>815 W. 1200 S.</u> <u>OREM</u>	<u>ms.</u> State: <u>UT</u>	Zip: <u>84058</u>	Country: <u>USA</u>
<ol> <li>Brief Description</li> <li>Selling and Installat</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> </ol>	tion of home security system Address <u>815 W. 1200 S.</u>	<u>ms.</u> State: <u>UT</u>	Zip: <u>84058</u>	Country: <u>USA</u>
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<ul> <li>4. Brief Description</li> <li>Selling and Installat</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Contact N</li></ul>	tion of home security system Address <u>815 W. 1200 S.</u> <u>OREM</u> s of Limited Liability Com ontact Title: <u>815 W. 1200 S.</u> <u>OREM</u> ess of Each Manager of t	<u>ms.</u> State: <u>UT</u> pany and Name State: <u>UT</u>	Zip: <u>84058</u> or Title of Contac Zip: <u>84058</u>	Country: <u>USA</u> t Person: Country: <u>USA</u>
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<ul> <li>4. Brief Description</li> <li>Selling and Installat</li> <li>5. Principal Office</li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Contact Name: Contact</li></ul>	tion of home security system Address <u>815 W. 1200 S.</u> <u>OREM</u> s of Limited Liability Com ontact Title: <u>815 W. 1200 S.</u> <u>OREM</u> ess of Each Manager of t EMBERS Individual First, Middle, La	<u>ms.</u> State: <u>UT</u> pany and Name State: <u>UT</u> the Limited Liabi	Zip: <u>84058</u> or Title of Contac Zip: <u>84058</u> lity Company, if A Address, City or Tov 76 LINDON, 93	Country: <u>USA</u> t Person: Country: <u>USA</u> opplicable.

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 31 Day of August, 2009 at 6:01:16 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By WHITNEY MARIE LUNT

Signature of Authorized Person

Form No. 632 Revised 09/07

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