



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000159398		2. Name of Corporation ADT/Diversity Inc.			
3. Street Address Principal Business Office 5 New Industrial Way			City Warren	State RI	Zip 02885
4. Business Phone No. 508-245-5560		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Tool & Die Manufacturer					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Enzo Lucciola			Vice President Name		
Street Address 20 Meadowview Blvd			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Enzo Lucciola			Treasurer Name Enzo Lucciola		
Street Address 20 Meadowview Blvd			Street Address 20 Meadowview Blvd		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Enzo Lucciola			Director Name		
Street Address 20 Meadowview Blvd			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 5000	Class Series Common	Par Value 01.

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.

FILED *m*

File Date

Check No. **AUG 16 2010**

By: *m* 1969

FOR SECRETARY OF STATE USE ONLY

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.

Enzo Lucciola 8-11-10
Signature Date

Enzo Lucciola
Print or Type Name

President
Title