RI SOS Filing Number: 201737423780 Date: 3/6/2017 2:12:00 PM State of Rhode Island and Providence Plantations

Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing period: January 1 - March 1 → Filing period: January 1 - March 1 → Filing period: Second 1 → Filing period: January 1 - March 1 → Filing period: January	Department of State - Business Services Division						BUS BUS	
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→ Penalty Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number	- -	Varch 1					7 000	
1. Entity ID Number 485/38 2. Exact name of the Corporation 5 485/38 3. Principal Office Address 5. State of Incorporation Fire Alarm Services Check the box to indicate an attachment of Incorporation Address Street Address Street Address Street Address Street Address Street Address Street Address Offy State Incorporation Street Address City State Incorporation is currently of record in the Operation is currently of record in the Operation of State. Changes require an additional filing. Changes require an additional filing. Changes require an additional filing and the address of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee. Under ponally of parity, I declare and additional filing that it have examined this raport, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Name of Authorized Representative FILED Date Oze Office Office Address Carbon Carbo	_	fa.a. if fa i # 6	المسالمة المسالمة					
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State of Incorporation RT 7. List ALL Officers (names and addresses) Check the box to indicate an attachment Street Address Street Address	4. NAICS Code	6. Brief descripti	on of the character	of business	conducted in Rho	de Island	. /	
R.T. List ALL Officers (names and addresses) President Name Soft M., Costo Street Address 350 Haylotte Lyite Noo. City Westport Secretary Name Street Address City State City State	dd	ELECTRICAL SCIVICES Industrial, communicial, +						
Fresident Name Scott M. Casto Street Address City State Zip City State Zip Check the box to indicate an attachment Director Name Street Address City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Number Of SHARES CLASSSERIES PAR WALLE Department of State. Changes require an additional filing. 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. Name of Authorized Representative MAK 0 6 WAR O CUT								
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Signature of Authorized Representative MAR 0 0 101	Name of Authorized Representative)	<u></u>			Date		
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MAIL TO:	Signature of Authorized Representa	tive		MAK U	6 cun			
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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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