



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72271		2. Name of Corporation AEGIS PROTECTION GROUP INCORPORATED			
3. Street Address Principal Business Office 858 WORCESTER ROAD			City FRAMINGHAM	State MA	Zip 01702-
4. Business Phone No. 5083700700		5. State of Incorporation MASSACHUSETTS			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island WATCHMEN, PATROLMEN AND GUARDS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward D. Holston		Vice President Name William J. Shinkwin			
Street Address 858 Worcester Road		Street Address 858 Worcester Road			
City Framingham	State MA	Zip 01702	City Framingham	State MA	Zip 01702
Secretary Name William J. Shinkwin		Treasurer Name William J. Shinkwin			
Street Address 858 Worcester Road		Street Address 858 Worcester Road			
City Framingham	State MA	Zip 01702	City Framingham	State MA	Zip 01702
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward D. Holston		Director Name William J. Shinkwin			
Street Address 858 Worcester Road		Street Address 858 Worcester Road			
City Framingham	State MA	Zip 01702	City Framingham	State MA	Zip 01702
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	COMM NO PAR VALUE		13,500	Comm A	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



7 2 2 7 1

72271 FBC 03/01/2005 10:59 PM

FILED

File Date **MAR 1 1 2005** 09697

Check No. **BY [Signature]**

By: _____

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.

Edward D. Holston 3/1/05
Signature of Officer Date
Edward D. Holston
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 72271		2. Name of Corporation AEGIS PROTECTION GROUP INCORPORATED			
3. Street Address Principal Business Office 858 Worcester Road			City Framingham	State MA	Zip 01702
4. Business Phone No. 508 370 0700		5. State of Incorporation MASSACHUSETTS			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island WATCHMEN, PATROLMEN AND GUARDS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward D. Holston			Vice President Name		
Street Address 858 Worcester Road			Street Address		
City Framingham	State MA	Zip 01702	City	State	Zip
Secretary Name William J. Shinkwin			Treasurer Name William J. Shinkwin		
Street Address 858 Worcester Road			Street Address 858 Worcester Road		
City Framingham	State MA	Zip 01702	City Framingham	State MA	Zip 01703
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward D. Holston			Director Name William J. Shinkwin		
Street Address 858 Worcester Road			Street Address 858 Worcester Road		
City Framingham	State MA	Zip 01703	City Framingham	State MA	Zip 01702
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	COMM NO PAR VALUE		13,500	Comm A	Ø

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 2 2 7 1 *

File Date 3-01-04
Check No. 9196
By: HP
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.

Signature of Officer

Edward D. Holston

Print or Type Name of Officer

Pres.
Title of Officer

2/27/04
Date



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 72271 2. Name of Corporation AEGIS PROTECTION GROUP INCORPORATED
3. Street Address Principal Business Office 858 Worcester Road City Frammingham State MA Zip 01702
4. Business Phone No. 508 370 0700 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island EVENT STAFF & SECURITY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Edward D. Holston</u>	Vice President Name
Street Address <u>858 Worcester Rd</u>	Street Address
City <u>Frammingham</u> State <u>MA</u> Zip <u>01702</u>	City State Zip
Secretary Name <u>William J. Shinkwin</u>	Treasurer Name <u>William J. Shinkwin</u>
Street Address <u>858 Worcester Rd.</u>	Street Address <u>858 Worcester Rd</u>
City <u>Frammingham</u> State <u>MA</u> Zip <u>01702</u>	City <u>Frammingham</u> State <u>MA</u> Zip <u>01702</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Edward D. Holston</u>	Director Name <u>William J. Shinkwin</u>
Street Address <u>858 Worcester Rd</u>	Street Address <u>858 Worcester Rd</u>
City <u>Frammingham</u> State <u>MA</u> Zip <u>01702</u>	City <u>Frammingham</u> State <u>MA</u> Zip <u>01702</u>
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
15,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
13,500 Comm A \emptyset

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 2 2 7 1 *

File Date: 2/24/03
Check No.: 8503
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedule and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/18/03
Print or Type Name of Officer Edward Holston

Title of Officer Pres.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72271** 2. Name of Corporation **AEGIS PROTECTION GROUP INCORPORATED**
 3. Street Address Principal Business Office **858 Worcester Road** City **Framingham** State **MA** Zip **01702**
 4. Business Phone No. **508 370 0700** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
EVENT STAFF & SECURITY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Edward D. Holston	Vice President Name
Street Address 858 Worcester Road	Street Address
City Framingham State MA Zip 01702	City State Zip
Secretary Name William J. Shinkwin	Treasurer Name William J. Shinkwin
Street Address 858 Worcester Road	Street Address 858 Worcester Road
City Framingham State MA Zip 01702	City Framingham State MA Zip 01702

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Edward D. Holston	Director Name William J. Shinkwin
Street Address 858 Worcester Road	Street Address 858 Worcester Road
City Framingham State MA Zip 01702	City Framingham State MA Zip 01702
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
15,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
13,500 Comm A 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 2 2 7 1 *

File Date: 3-1-02
 Check No.: 7771
 By: [Signature]

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.
 Signature of Officer: [Signature] Date: 2/27/02
 Print or Type Name of Officer: Edward D. Holston
 Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 72271 2. Name of Corporation AEGIS PROTECTION GROUP INCORPORATED

3. Street Address Principal Business Office 858 WORCESTER ROAD City FRAMINGHAM State MA Zip 01702
4. Business Phone No. 508 370 0700 5. State of Incorporation MASSACHUSETTS 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
EVENT STAFF & SECURITY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Edward D. Holston</u>	Vice President Name
Street Address <u>858 Worcester Rd.</u>	Street Address
City State Zip <u>Framingham MA 01702</u>	City State Zip
Secretary Name <u>William J. Shinkwin</u>	Treasurer Name <u>William J. Shinkwin</u>
Street Address <u>858 Worcester Rd.</u>	Street Address <u>858 Worcester Rd.</u>
City State Zip <u>Framingham MA 01702</u>	City State Zip <u>Framingham MA 01702</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Edward D. Holston</u>	Director Name <u>William J. Shinkwin</u>
Street Address <u>858 Worcester Rd.</u>	Street Address <u>858 Worcester Rd.</u>
City State Zip <u>Framingham MA 01702</u>	City State Zip <u>Framingham MA 01702</u>
Director Name <u>James C. Mayall</u>	Director Name
Street Address <u>858 Worcester Rd.</u>	Street Address
City State Zip <u>Framingham MA 01702</u>	City State Zip

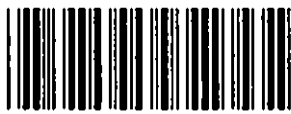
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>15,000</u>	<u>A/Common</u>	<u>\$0-</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>15,000</u>	<u>A/Common</u>	<u>\$0-</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 2 2 7 1 *

File Date: 2/27
Check No: 7163
By: [Signature]

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.
Signature of Officer: [Signature] Date: 2/26/01
Print or Type Name of Officer: Edward D. Holston
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72271** 2. Name of Corporation **AGIS PROTECTION GROUP INCORPORATED**TO DOBUSINESS UNDER FICTITIOUS**
3. Street Address Principal Business Office **280 Lincoln St.** City **Allston** State **MA** Zip **02134**
4. Business Phone No. **617 783 5405** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island **Event Staffing**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Edward Holston	Vice President Name
Street Address 280 Lincoln St	Street Address
City Allston State MA Zip 02134	City State Zip
Secretary Name William Shinkwin	Treasurer Name
Street Address 280 Lincoln St.	Street Address
City Allston State MA Zip 02134	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Edward Holston	Director Name William Shinkwin
Street Address 280 Lincoln St	Street Address 280 Lincoln St.
City Allston State MA Zip 02134	City Allston State MA Zip 02134
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	15,000	A/Common	\$0-

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	15,000	A/Common	\$0-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2/25/00**
Check No.: **6559**
By: **[Signature]**

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.
Signature of Officer: **[Signature]** Date: **2/23/2000**
Print or Type Name of Officer: **Edward Holston**
Title of Officer: **Pres.**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72271** 2. Name of Corporation **AEGIS PROTECTION GROUP INCORPORATED**TO DOBUSINESS UNDER FICTITIOUS**

3. Street Address Principal Business Office **280 Lincoln St.** City **Allston** State **MA** Zip **02134**

4. Business Phone No. **617 783 5405** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Event Staffing & Watch Guard & Patrol Service

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Edward D. Holston	Vice President Name
Street Address 280 Lincoln St	Street Address
City Allston State MA Zip 02134	City State Zip
Secretary Name William J. Shinkwin	Treasurer Name
Street Address 280 Lincoln St.	Street Address
City Allston State MA Zip 02134	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Edward D. Holston	Director Name William J. Shinkwin
Street Address 280 Lincoln St.	Street Address 280 Lincoln St.
City Allston State MA Zip 02134	City Allston State MA Zip 02134
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	15,000	Common	NO PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	11,350	Common	No Par.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 2 2 7 1 *

File Date: **3.10.98**

Check No.: **5104**

By: **ED**

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.

Edward D. Holston **2/3/98**

Signature of Officer Date

Edward D. Holston

Print or Type Name of Officer

Pres.

Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72271** 2. Name of Corporation **AEGIS PROTECTION GROUP INCORPORATED**TO DOBUSINESS UNDER FICTITIOU**
 3. Street Address Principal Business Office **280 LINCOLN ST** City **ALLSTON** State **MA** Zip **02134**
 4. Business Phone No. **617-783 5405** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Event Staffing / Security Guard Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **Edward D. Holston** Vice President Name
 Street Address **280 LINCOLN ST** Street Address
 City **Allston** State **MA** Zip **02134** City State Zip

Secretary Name **William J. Shinkwin** Treasurer Name
 Street Address **280 Lincoln St** Street Address
 City **Allston** State **MA** Zip **02134** City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **Edward D. Holston** Director Name **William J. Shinkwin**
 Street Address **280 LINCOLN ST** Street Address **280 LINCOLN ST**
 City **Allston** State **MA** Zip **02134** City **Allston** State **MA** Zip **02134**

Director Name _____ Director Name _____
 Street Address _____ Street Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	NO PAR	11,350	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **1/21/97**
 Check No.: **3803**
 By: **[Signature]**

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.
 Signature of Officer **[Signature]** Date **1/17/97**
 Print or Type Name of Officer **Edward D. Holston Jr.**
 Title of Officer **Pres.**

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 72271		2. NAME OF CORPORATION AEGIS PROTECTION GROUP INCORPORATED**TO DO			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 280 LINCOLN ST.			CITY ALLSTON	STATE MA	ZIP CODE 02134
4. BUSINESS PHONE NO. 617 783 5405		5. STATE OF INCORPORATION MASSACHUSETTS			6. SIC CODE 7880
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Event Staffing / Security Guard Service					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Edward D Holston			VICE PRESIDENT NAME		
STREET ADDRESS 280 LINCOLN ST			STREET ADDRESS		
CITY Allston	STATE MA	ZIP CODE 02134	CITY	STATE	ZIP CODE
SECRETARY NAME William Shinkwin			TREASURER NAME		
STREET ADDRESS 280 LINCOLN ST			STREET ADDRESS		
CITY Allston	STATE MA	ZIP CODE 02134	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Edward D. Holston			DIRECTOR NAME William Shinkwin		
STREET ADDRESS 280 LINCOLN ST			STREET ADDRESS 280 LINCOLN ST		
CITY Allston	STATE MA	ZIP CODE 02134	CITY Allston	STATE MA	ZIP CODE 02134
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
15,000	Common	NO PAR	11,350	Common	NO PAR

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer

Pres.

Print or Type Name of Officer

Edward D. Holston

Title of Officer

Date

File Date:

1/25/96

Check No:

3280

By:

[Signature]

For Secretary of State Use Only

1/10/96



FILED

FEB 23 1995

Bj MA 2612

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0072271

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: **AEGIS PROTECTION GROUP INCORPORATED**TO DO**

Business entity organized under the laws of the State of: **MASS** Business Entity is (check one):

For foreign entity, address and telephone number of principal office: Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

280 LINCOLN ST
 ALLSTON MA 02134

Phone: (617) 783-5405

Brief statement of the character of business conducted in Rhode Island:

Event Security Guard Service

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Res Agent: CT Corporation Systems
 123 Dyer St

Phone: () Providence RI 02903

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Edward D. Holston Jr. 280 LINCOLN ST ALLSTON MA 02134

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

William J. Shinkwin 280 LINCOLN ST ALLSTON MA 02134

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Edward D. Holston Jr. 280 LINCOLN ST ALLSTON MA 02134

NAME STREET ADDRESS CITY/STATE ZIP CODE

William J. Shinkwin 280 LINCOLN ST ALLSTON MA 02134

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series	Number of Shares	Class / Series
15000	Common	1500	Common

Date 2/24/ 19 95 By:

PRINT OR TYPE NAME OF OFFICER SIGNING EDWARD D HOLSTON JR.
 TITLE OF OFFICER SIGNING PRES.

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

CT CORPORATION SYSTEM
 123 DYER STREET
 PROVIDENCE RI 02903