

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

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Co				
72271	AEGIS P	ROTECTION GROUP	PINCORPORATED		
3. Street Address Principal	Business Office		City	State	Zip
858 WORCESTER ROAD		FRAMINGHAM	MA	01702-	
4. Business Phone No. 5. State of Incorporal			ration		6 SIC Code
5083700700 MASSACHUS			ISETTS		7880
7. Brief Description of the	Character of Business	Conducted in Rhode Island			
WATCHMEN, PATROL					
8. NAMES AND ADD	RESSES OF THE C	OFFICERS ("X" BOX FO	RATTACHMENT) FILL IN SE	ACES REPORE HISING	CATTACUMENTO
President Name			Vice President Name	NCCO BIN ONLY (ASIN	JACIACIMENTS
Edward D. Holston		.William J. Shinkwin			
Sireet Address		Street Address	· · · · · · · · · · · · · · · · · · ·		
858 Worcester F	≀oad		.858 Worcester 1	Road	
City	Siaie	Zıp	City	State	Zip
Framingham	MA	01702	Framingham	MA	01702
Secretary Name		• • • • • • • • • • • • • • • • • • • •	Tréasurer Name	'	
William J. Shin	ıkwin		.William J. Shir	nkwin	
Street Address		· · · · · · · · · · · · · · · · · · ·	* Sircei Address	·	
858 Worcester Road		.858 Worcester Road			
City	State	7.ip	'City	State	Zip
Framingham	MA	01702	Framingham	MA	01702
9. NAMES AND ADDI	RESSES OF THE I	DIRECTORS ("X" BOX I	FOR ATTACHMENT) [FILL IN	SPACES BEFORE USI	
Director Name			Director Name		

Street Address Street Address 858 Worcester Road 858 Worcester Road City State City State Zip Zip Framingham Framingham 01702 MA MA 01702 Director Name Director Name Street Address Street Address State .CIŋ: Cin Zip Siate 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) II. SHARES 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 COMM NO PAR VALUE 13,500 Comm A 0

Director Name

William J. Shinkwin

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



Edward D. Holston

72271 FBC 03 40:59 PM	
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Check No	/
$B_{Y_{i}}$	
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. all statoments contain here are true and correct Date Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PR		g ree: 330.00			
1. Corporate ID No. 72271	2. Name of Corporation				
3 Street Address Principal Busines	s Office	OAC	Framingham	State MA	01702
4 Business Phone No. 508 370	0700	5. State of Incorporation MASSACHUSETTS	7		6. SIC Code 7880
7. Brief Description of the Characte WATCHMEN, PATROL	er of Business Conducted in MEN AND GUARDS.	Rhode Island			
8. NAMES AND ADDRESS! President Name Edward D	es of the officers . Holston	(*X* BOX FOR ATTA	CHMENT) FILL IN SE	PACES BEFORE USING A	TTACHMENTS
	Dorcester	Road	Street Address		
Framingham	State MA	^{zip} 01702	Cuy	State	Zip
Socretary Name William J.	Shintwin	-	William V	T. Shinkwin	
858 Wor		9d		ister KOAd	
Framingham 9. NAMES AND ADDRESSI	State MA	SS: ("X" BOX FOR AT)	Framingham TACHMENT) TI FILL IN	SPACES REFORE USING	24 01703.
Dirocior Namo Edwara	D. Holst	on	Director Name	n J. Shinku	in
Street Address 958 M	Jorrester I	PoAd	Street Address 858 W	orcester Rom	d
Framing haw	1 State MA	1 ²⁰ 0170 3	Framing ham.	State MA	01702
Street Address			Street Address		
City	State	Zip	City	State	Zip
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File Date 3.01.04			contained hereinfale in Mondained Signature of Officer	inying spectriff and statement and confections	2/27/04 Due/
Check No. 919	¥		Edward D	Holston Officer	
FOR SECRETARY OF STATE USE ONLY			Tule of Officer	<u> </u>	

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

858 WOLLESTER ROAD

3. Street Address Principal Business Office

1. Corporate ID No.

Check No.:

FOR SECRETARY OF STATE USE ONLY

72271

Edward S. Innian, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

6. SIC Code

dules and statements, and

Form 630 12/02

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

5. State of Incorporation

AEGIS PROTECTION GROUP INCORPORATED

401-222-3040

508 370 0	700	MASSACHUSETTS	; '		7880
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. NAMES AND ADDRESSE		S (*X* BOX FOR ATTACHS		EFORE USING ATTACHN	MENTS
Edward &	. Holston				
1100 BSB WO	uester Ro	l	Street Address		
Edward D 1001 358 Wor Framingham	State MA	017.02	City	State	Zip
William J.	Shinkwir		William Street Address -	J. Shinkn Jorrester K	ilg
858 Worce	ster Rd.		858 h	Justes K	L.
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treet Address			Street Address		
lity:	State	Zip	City	State	Zip
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Framingham State MA

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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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ater Road	Street	B58 WOV	mster For	ad.
MA Zip 01:	702 °7	ramingham	n "" MA	01702
Holeton	Directi	or Name		· · · • — —
• <u> </u>	Street .			
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date: 3-1-02

Check No.: 777

FOR SECRETARY OF STATE USE ONLY

1 1	
Under renalty of perjury, I declare and affirm	e that I have examined equies and statements, an
than All Statements Contained threin the thin	and correct.
Signature of Officer	Date
Edward D. Holston Print or Type Name of Officer	0/27/02
THE OF OFFICER	

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation AEGIS PROTECTION GROUP INCORPORATED 72271 3. Street Address Principal Business Office FRAMINGHAM WORCESTER 508 370 0700 MASSACHUSETTS 7. Brief Description of the Character of Business Conducted in Rhode Island EVENT STAFF & SECURITY 8. NAMES AND ADDRESSES OF THE OFFICERS (*2" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Edward D. Holston Street Address City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

State

Zip

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

ISSUED SHARES

Street Address

City

Number of Shares

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

	* 72271 * 2/27
File Date:	7163
Check No :	Zi
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2/24/01
raté *

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

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

72271 AEGIS PROTECTION GROUP INCORPORATED**TO DOBUSINESS UNDER FICTITIOUS

7880

(FORM MUST BE TYPED IN BLACK)

Lincoln St.

Suce Address Edward Holston

2 Name of Corporation

MASSACHUSETTS
of Business Conducted in Rhode Island

1. Corporate ID No.

Street Address	Lincoln St		Street Address		
Allston	Lincoln St MA	02134	City	State	Zip
	n Shinkwin		Treusurer Name		
Street Address 180	Lincoln St.		Street Address		
Allston	state MA	02134	City	State	Zip
9. NAMES AND ALL		ORS (*x* box for attac	CHMENT) FILL IN SPACE Director Name 11	ES BEFORE USING ATTA	•
Street Address DAN	lard Holston)	Street Address Will's	'Am Shink	win sl
City A.H. 1	Lincoln St State MA	Zip CALOU	City All A	State MA	JT.
HIBTUY) Director Name	MA	02134	AM3HM Director Name	MA	02134
Street Address			Street Address		
City	State	Zip	City	State	Ζιρ
10. SHARES AUTHO	ORIZED (*x* box for attach!	AENT)	11. SHARES ISSUED (** ISSUED SHARES	X* BOX FOR ATTACHMENT	·)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be	e signed in ink by either t	the President, Vice Pi	resident, Secretary, Assis	stant Secretary, Treasi	arer, Receiver or Trustee
			Under penalty of per	rjury, I declare and affire	n that I have examined
_ /	* 7 2 2 7 1 *		this peport, including		edules and statements, and
File Date: 2/ 0	<u> </u>		(Sparet	& chill	alaslamo
File Date: 2/ 00 Check No.: 6	<u> 559</u>	_	Signature of Officer	d 411	Dute Proposition
Ву:	<u></u>		Print or Type Name of Of	<u>U77015\}OY</u>	<u> </u>
FOR SECRETARY OF STA		_	\blacksquare P_{i}	M.	

Ditle of Officer



fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED	IN BLACK				
1. Corporate ID No.	2. Name of Corpora		•	•	
72271		TECTION GROUP INC	CORPORATED**TO DO	DBUSINESS UNDER F	ICTITIOUS
	Business Office Lincoln 5+.		Allston	State . MA	02134
4. Austress Phone No. 617 783	- -	5. State of Incorporation MASSACHUSE	ттѕ		6. SIC Code 7880
7. Brief Description of the (Character of Business Conducted i	n Rhode Island	1 1 1	1 10 .	
EVE 8. NAMES AND AD	ロナーングタナナフルの DDRESSES OF THE OFFI	G & WATCH CERS ("X" BOX FOR ATTACK	Guad & Pa	itrol Jenvic	
President Name EdW)	ord D. Hols	ton	Vice President Name		
Street Address 281	Lincoln S	4	Street Address		
Allston	SinteMA	7ip 02134	City	State	Zîp
	liam J. S.		Treasurer Name		•
Street Address 280	Lincoln St	L.	Street Address		
Allston	Ch. e.	^{21,0} 02134	City	State	Zip
9. NAMES AND AD	DRESSES OF THE DIRE	ECTORS ("X" BOX FOR ATTA	ACHMENT)		
Director Name Edu	and D. Hol	stun	Director Name	Am J. Shin	Fain
Street Address	O Lincoln		Street Address 280	am J. Shin Lincoln St siete M4	
City Allston	State MA	^{zip} 02134	City Alleton	State MA	21/24
Director Name	, (, ,	00.57	Director Name	· /17	02131
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHO	ORIZED (*x* hox for atta	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	NO PAR	11,350	Common	No Pas
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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 ±	Under penalty of perjury, I declare and affirm that I have examined
File Date: 3. 10. 98	this report/including any accompanying sejectules and statements, a that all systements contained herein are true and correct. 13/96
Check No.: 5104	Edward D. Holston
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Pred. Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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. 2. Name of Corporation 72271 AEGIS PROTECTION GROUP INCORPORATED**TO DOBUSINESS UNDER FICTITIO 3. Street Address Principal Business Office 280 LINCOLN ST ALLSTON 02134 6. SIC Code **MASSACHUSETTS** 7880 Guard Services Vice President Name F. dward D. Holston Street Address 280 LINCOLN ST ton MA 02/34 City State Zip Treasurer Name William V. Shinkwin Street Address City 7.1p Director Name Edward D. Holston William V. Shintwin 280 LIWCOIN St MA 02134 180 LINCOLN State MA Street Address Street Address City City State 10. SHARES AUTHORIZED AND ISSUED (*X" ROX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 15,000 11,350

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 *	Under genalty of perjury, I declare and affirm that I have examined
the Date: 12197	this report, including any accompanying schedules and statements, and that all statements contained herein afortue and correct.
OR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Print of Officer Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

1. CORPORATE ID NO.	2 NAME OF CORPORATION	PLEASE TYPE OR PR	INT IN BLACK INK.		
72271	İ	POTECTION COOTE	TNCODDODAMEN	3. PO	
3. STREET ADDRESS PRINCIPAL BUSINESS O		TOTECTION GROUP	INCORPORATED**T	O DO ISTATE	ZIP COOE
280 LINCOLN ST.			ALLSTON	MA	02134
6 BUSINESS PHONE NO. STATE OF INCORPORATION MASSACHUS			ETTS		7880
7. BRUEF DESCRIPTION OF THE OWNACTER OF			Survey Son		1 1000
LVCIIC .	8. NAM	ES AND ADDRE	ruand Ser	FICERS	
FRESDENT NAME Edward D Holston			VICE PRESIDENT NAME		
STREET ADDRESS 280 LINCULN ST OTY Allston MA OZ134			STREET ADDRESS		
Allston	STATE	0Z134	aty	STATE	Z₽ C00€
SECTRETARY NAME	n Shink		TREASURER NAME		
280 LINGULN ST			STREET ADDRESS		
Allston	STATE MA	02/34	an	STATE	ZIP CÓOE
		ES AND ADDRE	SSES OF THE DI	RECTORS	
DIRECTOR HAVE Edward D. Holston			William Shinkwin		
Allston STATE MA DZ134			280 LINCOLN ST		
Allston	MA	02134	14115ton	STATE MA	0Z134
STREET ADDRESS			CARECTOR NAME		
			STREET ADDRESS		
an'	STATE	ZIP CODE	DIY	STAIL	ZP 000E
	10. S H	ARES AUTHORI	ZED AND ISSUED		
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Pres	This : sident, Vice Presider	report must be SIGN nt, Secretary, Assista	ED IN INK by either that Secretary, Treasurer	ne ; Regeiver or Trustee	
Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.					
1. 1.			all statements o	Intained herein after true a	nd coreof.
File Date: 1/2 5/9	(b	Signature of Off	' 1)		
Check No: 3230	Λ		Print or Type Name of Officer		
By: Smy 16	Y .		Edward D. Holston 1/10/90		
For Secretary of	State Use Only		Title of Officer		Date

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

FILED

FEB 2 8 1995

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

By MA 2612

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 0072271 Corporate ID: Annual Report for the year: AEGIS PROTECTION GROUP INCORPORATED**TO DO Business entity organized under the laws of the State of. __MA55 Business Entity is (check one): For foreign entity, address and telephone number of principal office: Business Corporation (See RIGL Chapter 7-1.1) 280 LINCOLN ST [] Professional Service Corporation (See RIGL Chapter 7-5.1) ALLSTON MA 02134 Brief statement of the character of business conducted in Rhode Island: 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. Providence RI 02903 Phone: (THE NAMES OF THE OFFICERS ARE: PRESIDENT CITY/STATE ZIPCODE 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 Common Common 1500 15000 PRINT OR TYPE NAME OF CENICER SIGNING. Form 31 1/95 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

OT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903