



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
401.222.3030

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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. 73562		2. Name of Corporation American Alarms South County Inc			
3. Street Address Principal Business Office 575 Park Ave			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-781-1000		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Installation/Repair of Security Sytem & Fire Alarm Equipment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerald J Giacobbi			Vice President Name NONE		
Street Address 823 Post Rd			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Gerald J Giacobbi			Treasurer Name Gerald J Giacobbi		
Street Address 823 Post Rd			Street Address 823 Post Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000	COMM NO PAR VALUE		1,000	NO PAR VALUE	

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
NOV 09 2007
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]
Signature _____ Date _____
Gerald J Giacobbi
Print or Type Name
President
Title