



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 2008

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. 59366		2. Name of Corporation RADIO ALARM CENTRAL, INC.			
3. Street Address Principal Business Office 400 Reservoir Avenue, Ste LL-J			City Providence	State RI	Zip 02907
4. Business Phone No. 738-4449		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island INVESTIGATIVE AND PROTECTIVE SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Giroux			Vice President Name		
Street Address 52 Louisiana Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Dennis Chicchitelli			Treasurer Name Gregory Mangiante		
Street Address 5 Cindy Circle			Street Address 20 Ferncrest Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Giroux			Director Name Gregory Mangiante		
Street Address 52 Louisiana Avenue			Street Address 20 Ferncrest Drive		
City Warwick	State RI	Zip 02886	City Johnston	State RI	Zip 02919
Director Name Dennis Chicchitelli			Director Name		
Street Address 5 Cindy Circle			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000 NO PAR VALUE		
			THIS SECTION MUST BE COMPLETED		

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	
File Date	NOV 29 2008
Check No.	
By	1774
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: Paul R. Giroux Date: 11/27/07
Print or Type Name: Paul Giroux
Title: President