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.	2. Name of Corporation			
59366	RADIO ALARM CENTRAL, INC.			
3. Street Address Principal Business Office		City	State	Zip
400 Reservoir Avenue, Ste LL-J		Providence	RI	02907
4. Business Phone No.	5. State of Incorporation			
738-4449	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			Vice President Name		
Paul Giroux					
Street Address			Street Address		
52 Louisiana Avenue					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
Secretary Name			Treasurer Name		
Dennis Chicchitelli			Gregory Mangiante		
Street Address			Street Address		
5 Cindy Circle			20 Ferncrest Drive		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Paul Giroux			Gregory Mangiante		
Street Address			Street Address		
52 Louisiana Avenue			20 Ferncrest Drive		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Johnston	RI	02919
Director Name			Director Name		
Dennis Chicchitelli					
Street Address			Street Address		
5 Cindy Circle					
City	State	Zip	City	State	Zip
Johnston	RI	02919			

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.

[redacted] [redacted]

FILED
File Date
NOV 29 2007
Check No.
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.

Paul R. Giroux 11/27/07
Signature *Date*

Paul Giroux
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06