

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 $\pm i01.222.3040$

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 3 | | • | | | | |
|---|-----------------------------------|---------------------|--|---------------------|----------------------|--|--|
| 1. Corporate ID No. 053014 | 2. Name of Corporation Alss, Inc. | | | | | | |
| 3. Street Address Principal Business Office 594 Aquidneck Avenue | | | City Middletown | State RI | 02842 | | |
| 4. Business Phone No. 401-619-0991 5. State of Incorporation Rhode Island | | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Locksmith and Security Installation | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| President Name David W. Sousa | | | Vice President Name None | | | | |
| Street Address 594 Aquidneck Avenue | | | Street Address | | | | |
| City Middletown | State RI | <i>Zip</i> 02840 | City | State | Zip | | |
| Secretary Name None | | | Treasurer Name None | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | を COR COR R | | |
| 8. NAMES AND ADDRESSES | OF THE DIRECTORS | : ("X" BOX FOR ATT | ACHMENT) 🗍 FILL IN SPAC | CES BEFORE USING AT | TATHMENTS [] | | |
| Director Name | | | Director Name | | | | |
| None | | | None P Politi | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | AIG NIC | | |
| Director Name None | | | Director Name None | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zψ | City | State | Zip | | |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| | | | Number of Shares | Class/Series | Par Value | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | 4000 | | 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. | | | | | | | |

| FILED File Date | | | | |
|-----------------|---------------------------------|--|--|--|
| Check No. | FEB 02 2009 | | | |
| Ву: | By mD | | | |
|] | FOR SECRETARY OF STATE USE ONLY | | | |

| Under penalty of perjury. I declare and including any accompanying schedules contained havein are true and correct | affirm that I have examined this report, and statements, and that all statements |
|--|--|
| Signature | Date |
| David W. Sousa | |
| Print or Type Name | |
| President | |
| Title | Form 630 Rev. 08/08 |