

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 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(c), 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(codd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 95923	2. Name of Corporation M.Z.W. Security And Services, Inc.				
3. Street Address Principal Business Office 40 Dr. Marcus Wheatland Boulevard			City Newport	State Rhode Island	Ζ <i>ι</i> ρ 0284 0
4. Business Phone No. 401-849-6965 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of The provision of security, cle	Business Conducted in Recaning, janitorial, cate	oode Island ering and other service	es		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			Vice President Name		
Tom H. Zeigler			Dennis Toppins		
Street Address 2114 Katebridge Lane			Street Address 27 Burnside Avenue		
<i>Сің</i> у Raleigh	State N.C.	^{Ζίρ} 27614	City Newport	State R.I.	^{Zip} 02840
Secretary Name			7 Yeasurer Name Guy E. Weston		
Street Address			Street Address 19 Elm Street		
City	State	Zip	City NEwport	State RI	^{Zip} 02840
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J	J	Director Name		
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			700	Common	No Par
This report must be executed this report must be executed or				orporation is in the hands	of a receiver or trustee,

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date 1-30-09 Check No. 6295	contained herein are true and correct. Signature Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name Tule Title
•	Form 630 Rev. 08/08