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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 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. Corporate ID No.	2. Name of Corporation
111690	Less Lethal Consulting, Inc.

3. Street Address Principal Business Office	City	State	Zip
400 Putnam Pike, Suite D-508	Smithfield	RI	02917

4. Business Phone No.	5. State of Incorporation
(401) 949-6222	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To provide consulting services pertaining to less lethal force options. Also to provide training in the use of less lethal force munitions.

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

President Name	Vice President Name
Kevin Serapiglia	Lisa Serapiglia
Street Address	Street Address
400 Putnam Pike, Suite D-508	400 Putnam Pike, Suite D-508
City / State / Zip	City / State / Zip
Smithfield / RI / 02917	Smithfield / RI / 02917
Secretary Name	**Treasurer Name**
Kevin Serapiglia	Lisa Serapiglia
Street Address	Street Address
400 Putnam Pike, Suite D-508	400 Putnam Pike, Suite D-508
City / State / Zip	City / State / Zip
Smithfield / RI / 02917	Smithfield / RI / 02917

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

Director Name	Director Name
Kevin Serapiglia	Lisa Serapiglia
Street Address	Street Address
400 Putnam Pike, Suite D-508	400 Putnam Pike, Suite D-508
City / State / Zip	City / State / Zip
Smithfield / RI / 02917	Smithfield / RI / 02917
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
0 none		0

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]

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.

[redacted]

Lisa Serapiglia 2/24/09
Signature *Date*

Lisa Serapiglia
Print or Type Name

Vice President
Title

File Date FILED
Check No. FEB 25 2009
By: By 1403
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31392-21-351403

Form 630 Rev. 08/08