



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
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*

* 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. 19898		2. Name of Corporation R.B. Allen Co., Inc.			
3. Street Address Principal Business Office 131 Lafayette Road		City North Hampton		State NH	Zip 03862
4. Business Phone No. 603-964-8140		5. State of Incorporation New Hampshire			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales and Installation of Municipal and Industrial Fire Alarms					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jonathan D. Allen			Vice President Name		
Street Address Kensington Road			Street Address		
City Hampton Falls	State NH	Zip 03844	City	State	Zip
Secretary Name John Colliander			Treasurer Name Robert B. Allen, Jr.		
Street Address 108 High Street			Street Address Cranfield Street		
City Exeter	State RI	Zip 03833	City New Castle	State NH	Zip 03854
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ruth L. Allen			Director Name Jonathan D. Allen		
Street Address 131 Lafayette Road			Street Address Kensington Road		
City North Hampton	State NH	Zip 03862	City Hampton Falls	State NH	Zip 03844
Director Name Robert B. Allen, Jr.			Director Name Sharon W/ Ribitzki		
Street Address Cranfield Street			Street Address 131 Lafayette Road		
City New Castle	State NH	Zip 03854	City North Hampton	State NH	Zip 03862
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 common	no par value		140	common	without 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.

File Date	2-25-09
Check No.	046717
By:	<i>mnc</i>
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 *[Signature]* Date 1-7-09
Jonathan D. Allen
Print or Type Name
President
Title