

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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(et/d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 114804	2. Name of Corporation Wynne & Associates, Inc				
3. Street Address Principal Business Office 89 Wood Cove Dr.			City Coventry	State RI	^{Zip} 02816
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Security Management & Cor		node Island		·	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name Clint Myone Ir CPP CHS		
Clint Wynne, Jr., CPP, CHS			Clint Wynne, Jr., CPP, CHS Street Address		
Street Address 89 Wood Cove Dr.			89 Wood Cove Dr.		
Coventry	State RI	^{Ζφ} 02816	City Coventry	State RI	^{Ζφ} 02816
Secretary Name Janet Wynnne			Treasurer Name Clint Wynne, Jr., CPP, CHS		
Street Address 89 Wood Cove Dr.			Street Address 89 Wood Cove Dr.		
City: Coventry	State R	^{Zip} 02816	City Coventry	State RI	<i>Ζψ</i> 02816
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) [FILL	IN SPACES BEFORE USIN	IG ATTACHMENTS
Director Name Clinton H. Wynne			Director Name None		
Street Address			Street Address		
698 E. Charleston Ct.					
City	State	Ζip	City	State	Ζψ
Hernando	FL	34442	•		
Director Name None			None		
Street Address			Street Address		
City	State	Zip	City	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			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	\$.01
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorize	or trustee. Under penalty o including any a	of perjury, I declare and affirn	n that I have examined this report
Check No. MAR 02 By: By			Signature Print or Type Na		Date Pr. Pre
FOR SECRETARY OF STA	ATE USE ONLY		Title	es 10 prist	Form 630 Rev 08/08