

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

* In accordance with R.I.G.L. 7-1.2-150 1. Corporate ID No. 124593	2. Name of Corpe	or refusing to file its annual report withit pration Systems, Inc.	n 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.
3. Street Address Principal B			Ćity	State	Zip
500 Eagleville	Road		TIVERTON	RI	02878-
4. Business Phone No. 4016255494		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the CF		nducted in Rhode Island ND FIRE ALARM SYSTEI	MS AND DEVICES.		-
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	CES BEFORE USING	GATTACHMENTS
Peter W. McGreav Street Address			Street Address		
500 Eagleville	Road				
<i>City</i> Tiverton	State RI	<i>Zip</i> 02878	City	State	Zìp
<i>Secretary Name</i> Peter W. McGreav	У		Treasurer Name Peter W. McGreav	y	
Street Address			Street Address	. 1009	
500 Eagleville	Roađ		500 Eagleville	Road	
City	State	Zip	City	State	Zip
Tiverton	ri	.02878	Tiverton	; RI	. 02878
8. NAMES AND ADDRI Director Name	ESSES OF THE DIF	RECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SP. Director Name	ACES BEFORE USI	NGATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		et e a e e	Director Name		
Street Address			Street Address		
City	State	Zip		State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares	LED ("X" BOX FOR A	ATTACHMENT) Par Value	10. SHARES ISSUED ("X" B ISSUED SHARES Number of Shares	OX FOR ATTACHMI Class/Series	ENT) 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.

- 1 1201	FILED
File Date	SEP 1 4 2009
Check No	By 9178
By: FOR SECR	ETARY OF STATE USE ONLY

100 NO PAR VALUE

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.

Common

grature Dat

Peter W. McGreavy

Print or Type Name

President

Form 630 12/05

No Par Value