



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 2010**

**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. 12452		2. Name of Corporation ELECTRONIC ALARM SYSTEMS, INC.			
3. Street Address Principal Business Office 2525 West Shore Road			City Warwick	State RI	Zip 02889
4. Business Phone No. (401) 737-2221		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island INSTALLING, REPAIRING, SERVICING, MAINTAINING AND/OR MONITORING BURGLARY AND FIRE ALARM SYSTEMS AND TO PURCHASE REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christine M. Guzeika			Vice President Name Thomas C. Mitchell		
Street Address 163 Spring Grove Avenue			Street Address 297 Water Street, Unit D-2		
City Warwick	State RI	Zip 02889	City Portsmouth	State RI	Zip 02871
Secretary Name Christine M. Guzeika			Treasurer Name Thomas C. Mitchell		
Street Address 163 Spring Grove Avenue			Street Address 297 Water Street, Unit D-2		
City Warwick	State RI	Zip 02889	City Portsmouth	State RI	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christine M. Guzeika			Director Name Thomas C. Mitchell		
Street Address 163 Spring Grove Avenue			Street Address 297 Water Street, Unit D-2		
City Warwick	State RI	Zip 02889	City Portsmouth	State RI	Zip 02871
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares 270	Class/Series Common	Par Value No Par

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 **FILED**

Check No. **FEB 04 2010**

By: 5763

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.

Christine M. Guzeika 2-2-10  
Signature Date

**Christine M. Guzeika**  
Print or Type Name

**President**  
Title