

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 2011

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. 7-1.2-150).

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subject to a penalty fee of \$25.00.		rotation facting of refusing to file its a	mnual report within thirty (30)	days after the time prescribed b	ry law (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 67421	A&A Appl	2. Name of Corporation A&A Appliance and Alarm Service, Inc.				
3. Street Address Principal Business Office 14 Birchwood Drive			City Portsmouth	State RI	^{Zip} 02871-3210	
4. Business Phone No. 5. State of Incorporation 401-683-6000 Rhode Island				0267 1-3210		
6. Brief Description of the Charac Selling, installing, servici	ter of Business Condi	ucted in Rhode Island burglar, and fire alarm syste	ems.			
7. NAMES AND ADDRESS President Name Judith B. Asher	ES OF THE OFF	FICERS: ("X" BOX FOR ATI	Vice President Name Judith B. Asher	SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 14 Birchwood Drive			Street Address 14 Birchwood Drive			
Portsmouth	State RI	7tp 02871-3210	City Portsmouth	State RI	Zip 02871-3210	
Secretary Name Judith B. Asher			Treasurer Name Judith B. Asher			
Street Address 14 Birchwood Drive			Street Address 14 Birchwood Drive			
Portsmouth	State RI	02871-3210	City Portsmouth	State RI	<i>Σip</i> 02871-3210	
Director Name Judith B. Asher	ES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) [FILL I Director Name	IN SPACES BEFORE US		
Street Address 14 Birchwood Drive			Street Address			
Portsmouth	State RI	21p 02871-3210	City	State	Zip	
Director Name			Director Name			
Sirvet Address			Street Address			
City	State	Zip	City	State	Zip	
O. 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 State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	None	None	
This report must be avacante	d 1 15 C d					
his report must be executed	on behalf of the	e corporation by an authorize corporation by the receiver	ed representative. If the coor trustee,	corporation is in the han	ds of a receiver or trustee,	
_			Under penalty of p	perjury, I declare and affirm	that I have examined this report	
File Date FILE	D		contained herein a	ompanying schedules and sire true and correct.	tatements, and that all statements	
Check No. FEB 2 8	2011		Signande	B. Ceaper	2/22/// Date	
By: _ BY	1450		Judith B. As Print or Type Name			
FOR SECRETARY OF ST	ATE USE ONLY		President Title			