RI SOS Filing Number: 201184966560 Date: 11/09/2011 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company		
104784	Superior Security Systems, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	Residential and Commercial Security Systems / Installation and Monitoring		
5. Principal office address	City	State	Zip
111 Sundale Road	Cranston	RI	02921

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Thomas Ferry	Member		
Street Address	City	State	Zip
111 Sundale Road	Cranston	RI	02921

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
Thomas Ferry			
Street Address	Street Address		
111 Sundale Road			
City / State / Zip	City	State	Zip
Cranston / RI / 02921			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

#3109

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 104784 [redacted]

FILED
File Date _____
Check No. NOV 09 2011
By 1577

FOR SECRETARY OF STATE USE ONLY
69439-19-697119

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 of Authorized Person — *Date* 10/15/11

[redacted] Thomas Ferry, Member
Print or Type Name of Authorized Person

Form 632 Rev. 08/08