



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 10158		2. Name of Corporation G. Coutcher Security Inc.		
3. Street Address Principal Business Office 39 Maid Marion Lane		City West Warwick	State RI	Zip 02893
4. Business Phone No. 828-2943		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Orlo G. Coutcher		Vice President Name Josephine F. Coutcher		
Street Address 39 Maid Marion Lane		Street Address 39 Maid Marion Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI
Secretary Name Josephine F. Coutcher		Treasurer Name Orlo G. Coutcher		
Street Address 39 Maid Marion Lane		Street Address 39 Maid Marion Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Orlo G. Coutcher		Director Name Josephine F. Coutcher		
Street Address 39 Maid Marion Lane		Street Address 39 Maid Marion Lane		
City West Warwick	State RI	Zip 02888	City West Warwick	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares 100		Class/Series common	Par Value none	
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.				

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.

FILED

JAN 30 2012

File Date _____
Check No. _____
By AMC
173
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.

Signature

Orlo G. Coutcher

Print or Type Name

President

Title