



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>2528</u>		2. Exact name of the Corporation <u>SECURITY-1 INC</u>								
3. Principal office address <u>500 Old Town Road</u>			City <u>Block. Island</u>	State <u>R.I</u>	Zip <u>02807</u>					
4. Business Phone No. <u>401-466-2907</u>			5. State of Incorporation <u>Rhode Island</u>							
6. Brief description of the character of business conducted in Rhode Island <u>Security + fire Alarm monitored Alarm System</u>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <u>Cheryl S. Blane</u>			Vice-President Name <u>Melanie L. Blane</u>							
Street Address <u>500 Old Town Road</u>			Street Address <u>505 Old Town Road</u>							
City <u>Block. Island</u>	State <u>R.I</u>	Zip <u>02807</u>	City <u>Block. Island</u>	State <u>R.I</u>	Zip <u>02807</u>					
Secretary Name <u>Melanie L. Blane</u>			Treasurer Name <u>Cheryl S. Blane</u>							
Street Address <u>505 Old Town Road</u>			Street Address <u>500 Old Town Road</u>							
City <u>Block. Island</u>	State <u>R.I</u>	Zip <u>02807</u>	City <u>Block. Island</u>	State <u>R.I</u>	Zip <u>02807</u>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
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.										
						NUMBER OF SHARES <u>1000</u>	CLASS/SERIES	PAR VALUE <u>No Par Value</u>		

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 FEB 14 2012

Check No _____

By: " 6636

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.

Cheryl S. Blane 2.3.12
 Signature of Authorized Representative Date

Cheryl S. Blane
 Print or Type Name of Authorized Representative