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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.	2. Exact name of the Corporation		
136700	LONGWOOD SECURITY SERVICES, INC.		
3. Principal office address: 429 NEWBURY STREET	City: BOSTON	State: MA	Zip: 02115
4. Business Phone No.: 1-617-735-0600	5. State of Incorporation: MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island: SECURITY SERVICES			

LIST PRESIDENT'S NAME AND ADDRESS (X) BOX FOR ATTACHMENT ☐

President Name	Vice-President Name
JOHN T. CONNELLY	N/A
Street Address: 22 NEBO STREET	Street Address:
City: MEDFIELD / State: MA / Zip: 02052	City: / State: / Zip:
Secretary Name: JOHN T. CONNELLY	Treasurer Name: JOHN T. CONNELLY
Street Address: 22 NEBO STREET	Street Address: 22 NEBO STREET
City: MEDFIELD / State: MA / Zip: 02052	City: 22 NEBO STREET / State: MA / Zip: 02052

LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐

Director Name	Director Name
JOHN T. CONNELLY	
Street Address: 22 NEBO STREET	Street Address:
City: MEDFIELD / State: MA / Zip: 02052	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

SHARES AUTHORIZED — **SHARES ISSUED (X) BOX FOR ATTACHMENT ☐**

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
156490	CWP	.10

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.

[redacted]
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 07 2012

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 Representative — Date: 6/5/12

JOHN T. CONNELLY, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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