



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

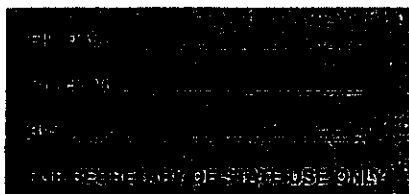
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

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. 136700		2. Exact name of the Corporation 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					
OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name JOHN T. CONNELLY			Vice-President Name 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
ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name JOHN T. CONNELLY			Director Name		
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					
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.



Form No. 630
Revised: 01/2012

FILED

JUN 07 2012

5184

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] 6/5/12
Signature of Authorized Representative Date
JOHN T. CONNELLY, PRESIDENT
Print or Type Name of Authorized Representative