RALPH MOIL	State of Rhode Isla Office of t	nd and Provide he Secretary o		ONS Fee: \$50.00
A 200	Division	n Of Business Serv	vices	
148 W. River Street				
Providence RI 02904-2615				
etary of St	(-	101) 222-3040		
Limited Liability C	ompany			
Annual Report Filing Period: Septembe	er 1 - November 1			
In accordance with R.I.C	G.L. 7-16-66(d), each limiteo	l liability company	failing or refusing	to
file its annual report with	nin thirty (30) days after the	time prescribed by	law (R.I.G.L.	
7-16-66(b&c)) is subject	t to a penalty fee of \$25.00.			
ANNUAL REPORT YE	AR: <u>2011</u>			
1. ID No. 0007054	<u>487</u>			
2. Exact Name of the	E Limited Liability Compa	ny <u>SPS SECURI</u>	TY PRODUCT S	SYSTEMS, L.L.C.
3. State of Formation	n			
State: NJ				
State: <u>NJ</u>				
General contracting				
5. Principal Office Ad	dress			
No. and Street:	35B WILSON DRIVE			
City or Town:	SPARTA	State: <u>NJ</u>	Zip: <u>07871</u>	Country: <u>USA</u>
6. Mailing Address of	Limited Liability Compar	ny and Name or T	itle of Contact P	Person:
Contact Name: JOHN	IMCELKENNY Contact Title	9:		
	35 B WILSON DRIVE			
	SPARTA	State: <u>NJ</u>	Zip: <u>07871</u>	Country: <u>USA</u>
7. Name and Address DO NOT LIST MEM	s of Each Manager of the BERS	Limited Liability	Company, if App	blicable.
Title	Individual Na	ime	Add	lress
	First, Middle, Last,	Suffix A	ddress, City or Town,	State, Zip Code, Country
	IN RHODE ISLAND - DO N iling of Form 642 - R.I.G.L			
JOHN P MCELKENN	IY 251 BITTERSWEET FAR	<u>RMWAY</u> <u>WAKEFIE</u>	<u>:LD</u> , <u>RI 02879</u>	

Signed this 28 Day of September, 2012 at 12:05:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN P MCELKENNY Signature of Authorized Person

Form No. 632 Revised 09/07

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