	State of Rhode Island and Pro Office of the Secreta		ions Fee: \$50
secretary of State	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	s Services treet 04-2615	
imited Liability Co nnual Report iling Period: Septembe			
o file its annual report v	G.L. 7-16-66(d), each limited liability com vithin thirty (30) days after the time preso o a penalty fee of \$25.00.		
ANNUAL REPORT YE	AR : <u>2012</u>		
1. ID No. <u>000560</u>	153		
2. Exact Name of the	Limited Liability Company Advance	e Security Integration	n LLC
3. State of Formation			
State: <u>MA</u>			
1. Brief Description o	f the Character of the Business Which	h is Actually Condu	cted in Rhode Island
4. Brief Description o Security sales and serv 5. Principal Office Ad	vice	h is Actually Condu	cted in Rhode Island
Security sales and serv 5. Principal Office Ad No. and Street:	vice		cted in Rhode Island
Security sales and serve 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street: <u>1</u>	vice dress <u>10 PINE STREET</u>	Zip: <u>06062</u> e or Title of Contac	Country: <u>USA</u>
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Security sales and server 5. Principal Office Ad No. and Street: City or Town: 5. Mailing Address of Contact Name: Contact No. and Street: <u>1</u> City or Town: <u>F</u> 7. Name and Address DO NOT LIST MEM	vice dress <u>10 PINE STREET</u> <u>PLAINVILLE</u> State: <u>CT</u> T Limited Liability Company and Name act Title: <u>0 PINE STREET</u> <u>PLAINVILLE</u> State: <u>CT</u>	Zip: <u>06062</u> e or Title of Contac Zip: <u>06062</u> bility Company, if A Address, City or Tow 23 ST	Country: <u>USA</u> t Person: Country: <u>USA</u> pplicable. ddress n, State, Zip Code, Country ACY CATE DRIVE
Security sales and serv 5. Principal Office Ad No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street: 1 City or Town: <u>F</u> 7. Name and Address DO NOT LIST MEM Title	vice dress 10 PINE STREET PLAINVILLE State: CT F Limited Liability Company and Name act Title: 0 PINE STREET PLAINVILLE State: CT State: CT State: CT PINE STREET PLAINVILLE State: CT State: CT PLAINVILLE State: CT State: CT Individual Name First, Middle, Last, Suffix	Zip: <u>06062</u> e or Title of Contac Zip: <u>06062</u> oility Company, if A Address, City or Tow 23 ST SOUTHINGT	Country: <u>USA</u> t Person: Country: <u>USA</u> pplicable. ddress n, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of January, 2013 at 1:23:34 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 JERRY R. BROCKI Signature of Authorized Person

Form No. 632 Revised 09/07

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