



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 2013

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. 45536		2. Exact name of the Corporation Alpha Systems, Inc.			
3. Principal office address 20 Lincoln Drive			City North Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 765-1962			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To install and maintain security and fire alarm systems.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John M. Iadarola			Vice-President Name NONE		
Street Address 20 Lincoln Drive			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name JACQUELINE C. IADAROLA			Treasurer Name JACQUELINE C. IADAROLA		
Street Address 20 LINCOLN DRIVE			Street Address 20 LINCOLN DRIVE		
City NO. SMITHFIELD	State RI	Zip 02896	City NO. SMITHFIELD	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOHN M. IADAROLA			Director Name JACQUELINE C. IADAROLA		
Street Address 20 LINCOLN DRIVE			Street Address 20 LINCOLN DRIVE		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
Director Name NONE			Director Name NONE		
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	CLASS/SERIES	PAR VALUE
			8,000	CNP	\$0.0

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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 21 2013
 BY **11660**
 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: **John M. Iadarola** 2-20-13
 Date: _____
 Print or Type Name of Authorized Representative: **JOHN M. IADAROLA**