



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. 124024 | | 2. Exact name of the Corporation SENTINEL SECURITY PLANS, INC | | | |
| 3. Principal office address 1929 ALLEN PARKWAY | | City HOUSTON | | State TX | Zip 77019 |
| 4. Business Phone No. 713/522-5141 | | 5. State of Incorporation VA | | | |
| 6. Brief description of the character of business conducted in Rhode Island GENERAL INSURANCE AGENCY | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name GERRY D HEARD | | | Vice-President Name LOUIS J URBAN | | |
| Street Address 1929 ALLEN PARKWAY | | | Street Address 1929 ALLEN PARKWAY | | |
| City HOUSTON | State TX | Zip 77019 | City HOUSTON | State TX | Zip 77019 |
| Secretary Name JANET S KEY | | | Treasurer Name MICHAEL G TRIESCH | | |
| Street Address 1929 ALLEN PARKWAY | | | Street Address 1929 ALLEN PARKWAY | | |
| City HOUSTON | State TX | Zip 77019 | City HOUSTON | State TX | Zip 77019 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name KEVIN F DOHERTY | | | Director Name GERRY D HEARD | | |
| Street Address 1929 ALLEN PARKWAY | | | Street Address 1929 ALLEN PARKWAY | | |
| City HOUSTON | State TX | Zip 77019 | City HOUSTON | State TX | Zip 77019 |
| Director Name MICHAEL WHITE | | | Director Name | | |
| Street Address 1929 ALLEN PARKWAY | | | Street Address | | |
| City HOUSTON | State TX | Zip 77019 | 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 |
| | | | 5000 | CWP | 1.00 |
| | | | | | |

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
 By: AMC

FILED

FEB 25 2013

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.

Michael Triesch 2/19/13
 Signature of Authorized Representative Date
MICHAEL G TRIESCH
 Print or Type Name of Authorized Representative

CR # 4061479