



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. <b>000158793</b>		2. Exact name of the Corporation <b>Scarsdale Security Systems, Inc.</b>			
3. Principal office address <b>132 MONTGOMERY AVENUE</b>			City <b>SCARSDALE</b>	State <b>NY</b>	Zip <b>10583</b>
4. Business Phone No. <b>914-722-2200</b>			5. State of Incorporation <b>NEW YORK</b>		
6. Brief description of the character of business conducted in Rhode Island <b>ALARM MONITORING AND RELATED SERVICES</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>DAVID RAIZEN, sole corporate officer</b>			Vice-President Name		
Street Address <b>132 MONTGOMERY AVENUE</b>			Street Address		
City <b>SCARSDALE</b>	State <b>NY</b>	Zip <b>10583</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			200	10 common	0

2013 APR 23 PM 12:08  
 SECRETARIAL DIV  
 STATE

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**  
 APR 23 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.

*Thomas M. Bavaro*      03/27/2013  
 Signature of Authorized Representative      Date

**Thomas M. Bavaro, Compliance Officer**  
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY  
 Form No. 530  
 Revised 01/2012

BY *[Signature]*  
 29.195740