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 2010

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. **000158793**	2. Exact name of the Corporation **Scarsdale Security Systems, Inc.**			
3. Principal office address **132 MONTGOMERY AVENUE**		City **SCARSDALE**	State **NY**	Zip **10583**
4. Business Phone No. **914-722-2200**		5. State of Incorporation **NEW YORK**		
6. Brief description of the character of business conducted in Rhode Island **ALARM MONITORING AND RELATED SERVICES**				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name **DAVID RAIZEN, sole corporate officer**			Vice-President Name		
Street Address **132 MONTGOMERY AVENUE**			Street Address		
City **SCARSDALE**	State **NY**	Zip **10583**	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) ☐

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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	10 common	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.

FILED

APR 23 2013

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY [signature]

29-195740

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] 03/27/2013

Signature of Authorized Representative — Date

Thomas M. Bavaro, Compliance Officer

Print or Type Name of Authorized Representative

SECRETARY OF STATE CORPORATIONS DIV 2013 APR 23 PM 12:08

Form No. 630
Revised: 01/2012