



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 2014**

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.

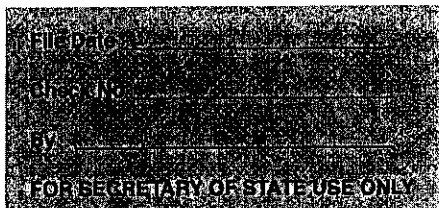
1. Entity ID No. 12913		2. Exact name of the Corporation MT. PLEASANT ALARM, INC.		
3. Principal office address 85 Academy Avenue		City Providence	State RI	Zip 02908-0000
4. Business Phone No. (401) 274-7676		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island alarm systems				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Dennis R. Cicchitelli			Vice-President Name Dennis R. Cicchitelli		
Street Address 5 Cindy Circle			Street Address 5 Cindy Circle		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Secretary Name Dennis R. Cicchitelli			Treasurer Name Dennis R. Cicchitelli		
Street Address 5 Cindy Circle			Street Address 5 Cindy Circle		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dennis R. Cicchitelli			Director Name none		
Street Address 5 Cindy Circle			Street Address none		
City Johnston	State RI	Zip 02919-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none

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	
100	Common	No Par	

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**

DEC 30 2013

BY 22407

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.

Dennis R. Cicchitelli 1/06/2014  
 Signature of Authorized Representative Date

Print or Type Name of Authorized Representative  
 President