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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.	2. Exact name of the Corporation		
533084	CMT Systems, Inc.		
3. Principal office address: 5 Drury Lane	City: Lynnfield	State: MA	Zip: 01940
4. Business Phone No.: 781-771-8209	5. State of Incorporation: Massachusetts		
6. Brief description of the character of business conducted in Rhode Island: Security systems installation			

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

President Name: Craig Toscano			Vice-President Name:		
Street Address: 5 Drury Lane			Street Address:		
City: Lynnfield	State: MA	Zip: 01940	City:	State:	Zip:
Secretary Name: Craig Toscano			Treasurer Name: Craig Toscano		
Street Address: 5 Drury Lane			Street Address: 5 Drury Lane		
City: Lynnfield	State: MA	Zip: 01940	City: Lynnfield	State: MA	Zip: 01940

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Craig Toscano			Director Name:		
Street Address: 5 Drury Lane			Street Address:		
City: Lynnfield	State: MA	Zip: 01940	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

SECRETARY OF STATE CORPORATIONS DIV 2014 FEB 14 AM 11:38

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	Common	No Par Value

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: _____

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FEB 14 2014
BY CR 217380
11:39

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.

CR — 1/03/14
Signature of Authorized Representative — Date

Craig M. Toscano
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
102852-3-916150