



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000853509

2. Name of Corporation Home Security of America Insurance Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 310 NORTH MIDVALE BOULEVARD

City or Town: MADISON

State: WI Zip: 53705 Country: USA

4. Business Phone No.

6084434359

5. State of Incorporation

State: WI

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ACT AS AN INSURANCE BROLER FOR PERSONAL LINES AND COMMERCIAL LINES INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES CANDLER	310 NORTH MIDVALE BOULEVARD MADISON, WI 53705 USA
TREASURER	STEVE P DEDO	310 NORTH MIDVALE BLVD MADISON, WI 53705 USA
SECRETARY	DAVID R LEHMANN	310 NORTH MIDVALE BLVD MADISON, WI 53705 USA
DIRECTOR	STEVEN P DEDO	310 NORTH MIDVALVE BLVD MADISON, WI 53705 USA

DIRECTOR	DAVID R LEHMANN	310 N MIDVALE BLVD MADISON, WI 53705 USA
DIRECTOR	ROBERT J LEHMANN	310 N MIDVALE BLVD MADISON, WI 53705 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	100

9. 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.

Signed this 21 Day of February, 2014 at 4:21:21 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By STEVEN P DEDO
Signature of Authorized Representative of the Corporation

TREASURER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved