

## 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

1. Entity ID No.	2. Exact na	AILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.  2. Exact name of the Corporation				
162171	Vangu	Vanguard Systems, Inc.				
3. Principal office address 20 Hurdis Street			City North Provide	State RI	Zip <b>02904</b>	
4. Business Phone No.			5. State of Incorporation Rhode Island			
6. Brief description of the ch Security systems ar	aracter of busines and installation	ss conducted in Rhode Islam I of security systems	d			
Mary for Est	ANES AND MA	MESSES OF BALLEY	Tricing and			
Jason Kilsey			Vice-President Name  Jason Kilsey			
Street Address 20 Hurdis Street			Street Address 20 Hurdis Street			
City North Providence	State RI	Zip <b>02904</b>	City North Provide	State RI	Zip 02904	
Secretary Name Jason Kilsey			Treasurer Name Jason Kilsey			
Street Address 20 Hurdis Street			Street Address 20 Hurdis Street			
City North Providence	State RI	Zip 02904	City State RI		Zip 02904	
LIST ALL DIRECTORS (	NAMES AND ADI	PRESENTATION FOR	ATTACHNENT)			
Director Name Jason Kilsey			Director Name			
Street Address 20 Hurdis Street			Street Address			
ity North Providence	State RI	Zip 02904	City	State	Zip	
irector Name			Director Name			
treet Address	, , , , , , , , , , , , , , , , , , ,		Street Address	<u> </u>		
ity	State	Zip	City	State	Zlp	
SHARES AUTHORIZED			AR SHARES SAFE	CAT BOX FOR ATTAC	MENT	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.		2000	COMMON	\$.01		
his report must be executed	d on behalf of the	corporation by an authorize st be executed on behalf of	d representative. If the	corporation is in the hand	s of a receiver or trustee,	
Fife Date		FILED	Under penalty of paths report, include	erjury, I declare and affic	rm that I have exemined chedules and statement re true and correct,	
Check No	orthograph (	MAD OF SOM	$(\ ) \mathcal{U}$	w .	2-27-1	
Sv:		MAK 11 / 2004		<del></del>		
By: F <b>O</b> R SECRETARY OF STAT	TE USE ONLY	MAR 07 2014 → 36 ~	Signature of Author  Jason Kilsey	zet Fepresentative	Date	