STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
96233	Storm Security, Ltd.

3. Street Address Principal Business Office	City	State	Zip
P.O. Box 927	London	KY	40743

4. Business Phone No.	5. State of Incorporation	6. SIC Code
606-878-6540	KENTUCKY	7914

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

Provide security guard services to commercial concerns

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Phil Storm	1223 S. Main St	London	KY	40741

Vice President Name	Street Address	City	State	Zip
Jim Storm	1223 S. Main St	London	KY	40741

Secretary Name	Street Address	City	State	Zip
Gail Storm	1223 S. Main St	London	KY	40741

Treasurer Name	Street Address	City	State	Zip
Gail Storm	1223 S. Main St	London	KY	40741

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Phil Storm	1223 S. Main St	London	KY	40741

Director Name	Street Address	City	State	Zip
Rick Storm	1223 S. Main St	London	KY	40741

Director Name	Street Address	City	State	Zip
Jim Storm	1223 S. Main St	London	KY	40741

Director Name	Street Address	City	State	Zip
Gail Storm	1223 S. Main St	London	KY	40741

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 9 6 2 3 3 *

File Date: Mar 15, 99

Check No.: 12322

By: JD

FOR SECRETARY OF STATE USE ONLY

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.

Gail Storm — 2-24-99
Signature of Officer — *Date*

Gail Storm
Print or Type Name of Officer

Secretary - Treasurer
Title of Officer