



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

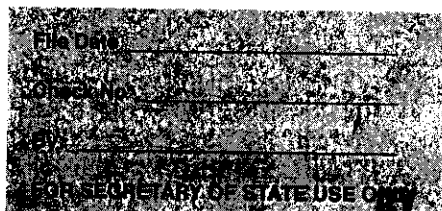
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 000099410		2. Exact name of the Corporation AFA PROTECTIVE SYSTEMS, INC.						
3. Principal office address 155 MICHAEL DRIVE		City SYOSSET	State NY	Zip 11791				
4. Business Phone No. 516-496-2322		5. State of Incorporation NY						
6. Brief description of the character of business conducted in Rhode Island ALARM SERVICES								
OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)								
President Name RICHARD KLEINMAN			Vice-President Name DAVID KLEINMAN					
Street Address 155 MICHAEL DRIVE			Street Address 155 MICHAEL DRIVE					
City SYOSSET	State NY	Zip 11791	City SYOSSET	State NY	Zip 11791			
Secretary Name- CHAIRMAN ROBERT KLEINMAN			Treasurer Name RAYMOND GREENBERGER					
Street Address 155 MICHAEL DRIVE			Street Address 155 MICHAEL DRIVE					
City SYOSSET	State NY	Zip 11791	City SYOSSET	State NY	Zip 11791			
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)								
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)								
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
						1,500,000	STK	1.00

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

MAR 02 2015

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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.

Cassandra Schortemeyer 2/26/2015
Signature of Authorized Representative Date

CASSANDRA SCHORTEMEYER - STAFF ACCOUNTANT

Print or Type Name of Authorized Representative