RI SOS Filing Number: 201556131330 Date: 03/02/2015 4:00 PM

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.	2. Exact name of the Corporation			
000099410	AFA PROTECTIVE SYSTEMS, INC.			
3. Principal office address		City	State	Zip
155 MICHAEL DRIVE		SYOSSET	NY	11791
4. Business Phone No.		5. State of Incorporation		
516-496-2322		NY		

6. Brief description of the character of business conducted in Rhode Island
ALARM SERVICES

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

President Name			Vice-President Name		
RICHARD KLEINMAN			DAVID KLEINMAN		
Street Address			Street Address		
155 MICHAEL DRIVE			155 MICHAEL DRIVE		
City	State	Zip	City	State	Zip
SYOSSET	NY	11791	SYOSSET	NY	11791
~~Secretary Name~~ CHAIRMAN			Treasurer Name		
ROBERT KLEINMAN			RAYMOND GREENBERGER		
Street Address			Street Address		
155 MICHAEL DRIVE			155 MICHAEL DRIVE		
City	State	Zip	City	State	Zip
SYOSSET	NY	11791	SYOSSET	NY	11791

8. 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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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

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.

2/26/2015
Signature of Authorized Representative — Date

CASSANDRA SCHORTEMEYER - STAFF ACCOUNTANT
Print or Type Name of Authorized Representative

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331654

Form No. 630
Revised: 01/2012
117753-14-1015521