



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

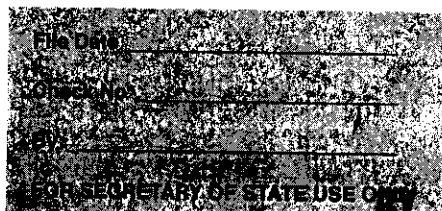
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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

331654

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