



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. 000910769		2. Exact name of the Corporation ALLEGION S&S HOLDING COMPANY INC			
3. Principal office address 11819 N. PENNSYLVANIA STREET		City CARMEL	State IN	Zip 46032	
4. Business Phone No. 317-810-3700		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island manufacturer of residential and commercial safety and security products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name PATRICK S. SHANNON			Vice-President Name SHELLEEN A. MEADOR		
Street Address 11819 N. PENNSYLVANIA STREET			Street Address 11819 N. PENNSYLVANIA STREET		
City CARMEL	State IN	Zip 46032	City CARMEL	State IN	Zip 46032
Secretary Name S. WADE SHEEK			Treasurer Name MICHAEL J. WAGNES		
Street Address 11819 N. PENNSYLVANIA STREET			Street Address 11819 N. PENNSYLVANIA STREET		
City CARMEL	State IN	Zip 46032	City CARMEL	State IN	Zip 46032
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name MICHAEL J. WAGNES			Director Name S. WADE SHEEK		
Street Address 11819 N. PENNSYLVANIA STREET			Street Address 11819 N. PENNSYLVANIA STREET		
City CARMEL	State IN	Zip 46032	City CARMEL	State IN	Zip 46032
Director Name SHELLEEN A. MEADOR			Director Name		
Street Address 11819 N. PENNSYLVANIA STREET			Street Address		
City CARMEL	State IN	Zip 46032	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
			365,352.68	COMMON	\$0.001

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.

File Date _____

Check No _____

By: _____

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BY 261150

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.

Signature of Authorized Representative

Date

Shelleen A. Meador, Vice President

Print or Type Name of Authorized Representative

**Rhode Island
Profit Corporation Annual Report for the Year 2015**

**Entity ID No. 000910769
Corporation: Allegion S&S Holding Company Inc**

Officer Attachment

President:	Patrick S. Shannon
Vice-President:	Shelleen A. Meador
Vice-President & Secretary:	S. Wade Sheek
Vice-President & Treasurer:	Michael J. Wagnes
Senior Vice President:	Jeffrey N. Braun
Senior Vice President:	Timothy P. Eckersley
Assistant Secretary:	Roger Barrett
Address of all officers:	11819 N. Pennsylvania Street Carmel, IN 46032