



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 **2016**

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. 509686		2. Exact name of the Corporation CLARK FAST SECURITY, INC.			
3. Principal office address 74 HONEYMAN AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island FIRE ALARM SERVICE AND TESTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID LEMLER			Vice-President Name CLARK MINSON		
Street Address 74 HONEYMAN AVENUE			Street Address P.O. BOX 172		
City MIDDLETOWN	State RI	Zip 02842	City FALL RIVER	State MA	Zip 02722
Secretary Name PATRICIA LEMLER			Treasurer Name PATRICIA LEMLER		
Street Address 74 HONEYMAN AVENUE			Street Address 74 HONEYMAN AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200	COMMON	NO PAR

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: _____

FOR: _____

Form No. _____
Revised: _____

Please mail signed report and \$50.00 filing fee to:
 Office of the Secretary of State
 Corporations Division
 148 W. River Street
 Providence, RI 02904-2615

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.

David M Lemer
 Signature of Authorized Representative _____ Date _____
DAVID LEMLER, PRESIDENT
 Print or Type Name of Authorized Representative

JAN 14 2016
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