

## 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.

89 Wood Cove Dr.  City Coventry RI  Director Name  Director Name  Street Address  Street Address  City  State Zip O2816  Director Name  Street Address  Street Address  State Zip O2816  Director Name  State Zip O2816  Director Name	1. Entity ID No.	2. Exact nan	ne of the Corporation			-	
5. State of Incorporation Richards (Cranston Richar	114804	Wynne	Wynne & Associates, Inc.				
## A01-640-5423    Steel description of the character of business conducted in Rhode Island   Security Consulting and General Security Management						Zip 02910	
Security Consulting and General Security Management  7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)   Clinton H. Wynne, Jr.  Street Address 89 Wood Cove Dr.  City Coventry   State   Zip   Coventry   Ri   Q2816   City   City   City   Coventry   Ri   Q2816   City   City   Coventry   Ri   Q2816   City   City   Coventry   Ri   Q2816   City   City				5. State of Incorporation Rhode Island			
Content   Cont							
Vice-President Name	7. LIST ALL OFFICERS (N.	AMES AND ADDR	ESSES) ("Y" BOY FOR	TTACHMENT			
State   Address   State   Address   State   Address   Street Address   S	President Name			Vice-President Name			
Coventry RI 02816 Coventry RI 02816  Secretary Name Janet Wynne  Treasurer Name Clinton H. Wynne, Jr.  Street Address 89 Wood Cove Dr.  City State Zip Coventry RI 02816 Cty Coventry RI 02816  LUST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name  Clinton H. Wynne, Jr.  Street Address Sirved Address Street Address Street Address Sirved Add				Street Address			
Street Address 89 Wood Cove Dr.  City State Zip Coventry RI 02816  City State Coventry RI 02816  City Coventry RI 02816  City State Coventry RI 02816  City Coventry RI 02816  City State City State City State City State City State Coventry Coventry RI 02816  City Coventry State Zip City State Zip City State Zip Coventry State Coventry RI 02816  City Coventry State Zip City State Zip City State Zip City State Zip Zip Zip City State Zip	Coventry			City Coventry		Zip 02816	
89 Wood Cove Dr.  State Zip Coventry State RI 02816  B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name  Clinton H. Wynne, Jr.  Street Address  89 Wood Cove Dr.  Street Address  89 Wood Cove Dr.  Street Address  Street Ad	Janet Wynne				nne, Jr.		
Coventry  RI 02816  Coventry  RI 02816  Coventry  RI 02816  Coventry  RI 02816  Coventry  Director Name  Director Name  Director Name  Director Name  Cilinton H. Wynne, Jr.  Street Address	89 Wood Cove Dr.						
Director Name    Director Name   Director Name				Coventry			
Director Name    Director Name	B. LIST ALL DIRECTORS (F	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		<del></del>	
Coventry  State  Coventry  RI  City  State  Director Name  Directo	Director Name Clinton H. Wynne, Jr.	"	***			A.D.	
City State   Zip   Director Name   Director Na	89 Wood Cove Dr.			Street Address		SEC.	
Street Address  State  ZROT  NUMBER OF SHARES CLASS-SENES PAR VALUE  NUMBER OF SHARES  CLASS-SENES PAR VALUE  8000  0.01  Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.  Street Address  Street Address  PAR VALUE  10.01  10	Coventry			City	State	ZIPR POR	
Street Address  State  ZRO  Street Address  State  ZRO  ZRO  State  ZRO  ZRO  ZRO  ZRO  ZRO  ZRO  ZRO  ZR	)irector Name			Director Name		=-<-	
A. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  his information is currently of record in the Office of the Secretary of State. Changes require an additional filling.  see Section 9 of instruction sheet.  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 an authorized representative between this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and estatement and that all statements contained herein are true and correct.  Signature of Authorized Representative  Clinton H. Wynne, Jr.  Print or Type Name of Authorized Representative	Street Address			Street Address			
his information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 8 of instruction sheet.  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 trustes this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying echedules and statement and that all statements contained herein are true and correct.  Signature of Authorized Representative  Clinton H. Wynne, Jr.  Print or Type Name of Authorized Representative	Sity	State	Zip	City	State	Ziron ZA	
NUMBER OF SHARES  CLASSSERIES  PAR VALUE  8000  CLASSSERIES  PAR VALUE  8000  O.01  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.  Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying echedules and statements contained herein are true and correct.  Check No  By:  This report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying echedules and statement and that all statements contained herein are true and correct.  Clinton H. Wynne, Jr.  Print or Type Name of Authorized Representative	SHARES AUTHORIZED			10. SHARES ISSUE	("X" BOX FOR ATTACHN	IENT)	
State. Changes require an additional filing.  Solution 9 of instruction sheet.  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.  Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.  Signature of Authorized Representative Date  Clinton H. Wynne, Jr.  Print or Type Name of Authorized Representative	<b>Lin Industrial</b>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.  By:  FOR SECRETARY OF STATE USE ONLY  Trink of 1/2012  Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.  O2/08/201  Date  Clinton H. Wynne, Jr.  Print or Type Name of Authorized Representative	f State. Changes require an additional filing.			8000		0.01	
Check No	This report must be executed	on behalf of the co	orporation by an authorize	d representative. If the o	corporation is in the hands o	f a receiver or trustee,	
Check No	File Date		CO CACCAIGU UN DENAII ()	Under penalty of pe this report, including	erjury, I declare and affirm ng any accompanying sch	edules and statements	
FOR SECRETARY OF STATE USE ONLY rm No. 630 vised: 01/2012  Clinton H. Wynne, Jr. Print or Type Name of Authorized Representative	Check No			and that all stateme	enta contained herein are t	true and correct.	
Print or Type Name of Authorized Representative	Ву:		10:57 AI	η Signature of Authori	zed Representative	Date	
vised: 01/2012		TE USE ONLY	FILED				
				Print or Type Name	or Authorized Representativ	re	

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