



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 2017

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. 22214		2. Exact name of the Corporation ENGINEERED SECURITY SYSTEMS, INC.								
3. Principal office address 2C CELESTRIAL DRIVE			City NARRAGANSETT	State RI	Zip 02882					
4. Business Phone No. (401) 789-2350			5. State of Incorporation RHODE ISLAND							
6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, ASSEMBLE, BUY, DISTRIBUTE, SELL AND INSTALL PRODUCTS, DEVICES, SYSTEMS AND PLANS FOR THE PREVENTION OF FIRE BURGLARY AND ALL OTHER CRIMINALS ACTS.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name KENNETH P. SOSCIA			Vice-President Name KENNETH P. SOSCIA							
Street Address 2C CELESTRIAL DRIVE			Street Address 2C CELESTRIAL DRIVE							
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882					
Secretary Name KENNETH P. SOSCIA			Treasurer Name KENNETH P. SOSCIA							
Street Address 2C CELESTRIAL DRIVE			Street Address 2C CELESTRIAL DRIVE							
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name NONE			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) <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		
						100	COMMON	NO PAR VALUE		

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 SECRETARY OF STATE USE ONLY

FILED
FEB 15 2017

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.

Kenneth P. Soscia
 Signature of Authorized Representative

2/7/17
 Date

KENNETH P. SOSCIA, PRESIDENT
 Print or Type Name of Authorized Representative

BY 14750