



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

BY 14750

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