

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

2005

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

FIGHT FETTOR JANUARY 1 - M (FORM MUST BE TYPED OR PRIN	•	g Fee: \$50.00				
1. Corporate ID No. 131208	2. Name of Corporation Custom Vault Co					
3. Street Address Principal Business Office 162 DANBURY RD			RIDGEFIELD	State C 7	^{7.φ} 06877	
4. Business Phone No 203-431-7646	x 26	5. State of Incorporation CONNECTICUT	1		6. SIC COXIC 5044	
7. Brief Description of the Champter VAULT AND BANK EQU	JIPMENT SALES, INS	TALLATION, SERVICE				
8. NAMES AND ADDRESSES President Name THOMAS P.	OF THE OFFICERS:		CHMENT) [] FILL IN SE	PACES BEFORE USING	ATTACHMENTS	
Since Address 162 DANBURY RD			Street Address			
RIDGEFIERD	State	06877	Cin	State	Zip	
Secretary Name MICHAEL J. ELLIOT			Treusurer Name			
Street Address 162 DANBURY RD			Street Address			
RIDGEFIELD	State	7.ip 06877	Cuy	State	Zψ	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name THOMAS 7. BRENNAN			ACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Sirect Address 162 DANBUR	er Ro		Sirvet Address			
City NIDGEFIELD Director Name	State	06877	City Director Name	State	Z(p	
Street Address			Street Address			
Gity	State	Ζιр	City	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares		Par Value	Number of Shares	Class/Serics	Par Value	
5,000 COMM NO PAR VALU	<u> </u>		1,500	CLASS A -	ZERO	
This			<u> </u>			
This report must be s	igned in ink by eithe	r the President, Vice Pre	Under penalty of perjur	y. I declare and affirm that	I have examined this report,	
File Date	"F)		contained herein are in	ic and correct.	nents, and that all statements	
Check No. APR () 4 2005			Signature of Officer	22-	Date	
Ву:Ву	a.		Print or Type Name of O	DRENNAN		
FOR SECRETARY OF STATE USE ONLY			Title of Officer			



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Matthew A. Brown, Secretary of State

PROFIT CORPORATION.	ANNUAL REPORT FOR THE YEAR	2004
Filing Period: January 1 - March 1 •	Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PI	RINTED IN BIACK)						
1. Corporate ID No.	2. Name of Corporation						
131208	Custom Vau	Custom Vault Corporation					
3. Street Address Principal Busine	-		City	State	Zip		
4 Business Phone No.	<u>\$T</u>	-T	PROVIDENCE	Rı	02908		
203 - 431 - 74	α .	5. State of Incorporation			G. SIC Code		
7. Brief Description of the Charact	ter of Business Conducted	CONNECTICU In Rhode Island	-	<u> </u>			
		NSTALLATION, SERVICE					
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR A		SPACES BEFORE USIN	G ATTACHMENTS		
President Name	72 /		Vice President Name				
Sircer Address							
City State Zip			Street Address	Street Address			
City	State	Zip	: City	State	Zip		
KIDGEFIELD	C7	06277					
Secretary Name		·	: Treasurer Name				
MICHAEZ Street Address	J. ELLIO	7					
162 DANE	UPV IZD		Street Address				
City	State	Zip	City	State	Zip		
RINGEFIELD)	C7	06877		J. J	r.ip		
9. NAMES AND ADDRESS	ES OF THE DIRECT		<i>ATTACHMENT)</i> 📋 FILL I	N SPACES BEFORE US	ING ATTACHMENTS		
Director Name			Director Name				
Street Address			Street Address				
antti Maarto			Sireel Address	Street Address			
City	State	Zip	City	State	Zip		
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Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name	•••••••	••••••		
C 44							
Street Address			Street Address	Street Address			
Cny	State	Zip	City	State	Zip		
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10. SHARES AUTHORIZED) ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES	ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
5,000 COMM NO PAR VA	LUE		1,000	COMMON	ZERO		
							
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This report must be	c signed in ink by c	ither the President, Vic	e President, Secretary, Assista	ont Secretary Treasurer	Receiver or Trustee		
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	Za inggo dikan kinin kinik nghe	TA Fait Indi					
			Under penalty of pe	rjury, I declare and affirm i	that I have examined this report,		
	13120	8 ¬*	including any accon	papying schedules and sta	ntements, and that all statements		
4/-1,	3 (1		contained herein are	true and correct.	_ / / ,		
File Date	<u> </u>	-	/ homes/	· /w	- 2/2/04		
Check No. 14096	9		Signature of Officer		Date/		
. 1		- 1	_THOMA		MAN		
By:	 ,	_	Print or Type Name of	of Officer			
FOR SECRETARY OF S	STATE USE ONLY			BIDENT			
			Title of Officer		Form 630 Rev. 12/03		
					FORM OUT INCY, 12/03		