



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
401.222.3040

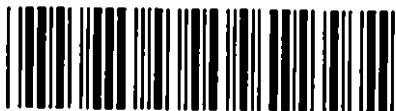
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, SIC Code, Officers (President, Vice President, Secretary, Treasurer), and Directors. Includes fields for Shares Authorized and Shares Issued.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



131208

FILED

File Date APR 04 2005

Check No. By [Signature]

By: [Signature]

FOR SECRETARY OF STATE: USE ONLY

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.

Signature of Officer: Thomas P. Brennan Date: 3-29-05

Print or Type Name of Officer: THOMAS P. BRENNAN

Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 131208		2. Name of Corporation Custom Vault Corporation			
3. Street Address Principal Business Office 30 LAWN ST			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 203-431-7646		5. State of Incorporation CONNECTICUT			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island VAULT AND BANK EQUIPMENT SALES, INSTALLATION, SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS P BRENNAN			Vice President Name		
Street Address 162 DANBURY RD			Street Address		
City RIDGEFIELD	State CT	Zip 06877	City	State	Zip
Secretary Name MICHAEL J. ELLIOT			Treasurer Name		
Street Address 162 DANBURY RD			Street Address		
City RIDGEFIELD	State CT	Zip 06877	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM NO PAR VALUE			1,000	COMMON	ZERO

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 1 2 0 8 *

File Date 4/5/04
Check No. 14096
By: us
FOR SECRETARY OF STATE USE ONLY

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.

Thomas P. Brennan 2/2/04
Signature of Officer Date
THOMAS P. BRENNAN
Print or Type Name of Officer
PRESIDENT
Title of Officer