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)

1. Corporate ID No.	2. Name of Corporation		
40219	NORTHEAST SECURITY SYSTEMS INC.		
3. Street Address Principal Business Office	City	State	Zip
47 Woodmist Way PO Box 1446	North Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation		6. SIC Code
401-941-5959	RHODE ISLAND		8888

7. Brief Description of the Character of Business Conducted in Rhode Island
INSTALLATION AND SERVICE OF ALARM SYSTEMS AND RELATED SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Secretary Name	Treasurer Name
Suan L Kollett	Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Director Name: N/A	Director Name: N/A
Street Address: N/A	Street Address: N/A
City: N/A State: Zip: N/A	City: N/A State: N/A Zip: N/A

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	A/1	No Par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	A/1	No Par

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

[redacted] [redacted]

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.

x Susan L. Kollett 02/08/05
Signature of Officer *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

File Date 2-11-05

Check No. 1464

By: KB

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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

100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
40219	NORTHEAST SECURITY SYSTEMS INC.		
3. Street Address Principal Business Office	City	State	Zip
47 Woodmist Way PO Box 1446	North Kingstown	RI	02852
4. Business Phone No	5. State of Incorporation		6. SIC Code
401-941-5959	RHODE ISLAND		8888

7. Brief Description of the Character of Business Conducted in Rhode Island
INSTALLATION AND SERVICE OF ALARM SYSTEMS AND RELATED SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Secretary Name: Susan L Kollett	Treasurer Name: Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Director Name: N/A	Director Name: N/A
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE	A/1	No Par	1,000 NO PAR	A/1	NO PAr

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

[redacted] [redacted]

40219

File Date 2/24/04
Check No. 1273
By: VS

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.

Susan L. Kollett — *Signature of Officer* — 02/20/04 *Date*

SUSAN L. KOLLETT — *Print or Type Name of Officer*

Vice President — *Title of Officer*

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
40219	NORTHEAST SECURITY SYSTEMS INC.

3. Street Address Principal Business Office	City	State	Zip
47 Woodmist Way PO Box 1446	North Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-041-5959	RHODE ISLAND	8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Installation & Service of Alarm Systems and related services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO BOx 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Secretary Name	**Treasurer Name**
Susan L Kollett	Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO BOx 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip:)2852	City: North Kingstown State: RI Zip: 02852
Director Name	**Director Name**
Street Address: N?/	Street Address: N/A
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	A/1	NO PAR

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	A/1	NO PAR

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

[redacted]

* 4 0 2 1 9 *

File Date: 2/12/03

Check No.: 1019

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Susan L. Kollett 02/09/03
Signature of Officer *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 40219
2. Name of Corporation: NORTHEAST SECURITY SYSTEMS INC.
3. Street Address Principal Business Office: 47 Woodmist Way PO Box 1446
   City: North Kingstown State: RI Zip: 02852
4. Business Phone No.: 401-941-5959
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8888
7. Brief Description of the Character of Business Conducted in Rhode Island: Installation & Service of Alarm Systems & related services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Vice President Name: Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Secretary Name: Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Treasurer Name: Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: MIchael J Kollett
Street Address: 47 Woodmist Way POBox 1446
City: North Kingstown State: RI Zip: 02852

Director Name: Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	A/1	NO PAR

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	A/1	NO PAR

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

40219

File Date: 2.26.02

Check No.: 2507

By: a

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.

Susan L. Kollett 02/21/02
Signature of Officer *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 40219
2. Name of Corporation: NORTHEAST SECURITY SYSTEMS INC.
3. Street Address Principal Business Office: 47 Woodmist Way PO Box 1446 — City: North Kingstown — State: RI — Zip: 02852
4. Business Phone No.: 401-941-5959
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8888
7. Brief Description of the Character of Business Conducted in Rhode Island: Installation & Service of Alarm Systems & related services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Michael J Kollett	Vice President Name: Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Secretary Name: Susan L Kollett	Treasurer Name: Michael J Kollett
Street Address: 47 Woodmist Way Box 1446	Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 0285

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Michael J Kollett	Director Name: Susan L Kollett
Street Address: 47 Woodmist Way Box 1446	Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 0285
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000 NO PAR	A/1	NO PAR

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	A/1	NO PA

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

[redacted]

40219

File Date: 2/26

Check No.: 2301

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Susan L. Kollett 02/21/2001
Signature of Officer *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form 630 12/99

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 40219

2. Name of Corporation NORTHEAST SECURITY SYSTEMS INC.

3. Street Address Principal Business Office 47 Woodmist Way PO Box 1446 — *City* North Kingstown — *State* RI — *Zip* 02852

4. Business Phone No. 401-941-5959

5. State of Incorporation RHODE ISLAND

6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island
Installation & Service ofAlarm Systems & related services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Michael J Kollett
Street Address 47 Woodmist Way PO Box 1446
City North Kingstown *State* RI *Zip* 02852

Vice President Name Susan L Kollett
Street Address 47 Woodmist Way PO Box 1446
City North Kingstown *State* RI *Zip* 02852

Secretary Name Susan L Kollett
Street Address 47 Woodmist Way PO Box 1446
City North Kingstown *State* RI *Zip* 02852

Treasurer Name Michael J Kollett
Street Address 47 Woodmist Way PO Box 1446
City North Kingstown *State* RI *Zip* 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Michael J Kollett
Street Address 47 Woodmist Way Box 1446
City North Kingstown *State* RI *Zip* 02852

Director Name Susan L Kollett
Street Address 47 Woodmist Way Box 1446
City North Kingstown *State* RI *Zip* 02852

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 NO PAR	A/1	NO PAR

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000	A/1	NO PAR

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

[redacted]

File Date: 2/28/00

Check No.: 2110 cc

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Susan L. Kollett 02/23/00
Signature of Officer *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

Vice President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
40219	NORTHEAST SECURITY SYSTEMS INC.

3. Street Address Principal Business Office	City	State	Zip
47 Woodmist Way PO Box 1446	North Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-941-5959	RHODE ISLAND	8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Installation & Service of Alarm Systems

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Secretary Name	**Treasurer Name**
Susan L Kollett	Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Michael J Kollett	Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446	Street Address: 47 Woodmist Way PO BOx 1446
City: North Kingstown State: RI Zip: 02852	City: North Kingstown State: RI Zip: 02852
Director Name	**Director Name**
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000 NO PAR	A/1	NO PAR

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	A/1	NO PAR

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

* 4 0 2 1 9 *

File Date: Mar 2 99

Check No.: 1908

By:

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.

Susan L. Kollett VP — 2/27/99
Signature of Officer *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **40219**
2. Name of Corporation: **NORTHEAST SECURITY SYSTEMS INC.**
3. Street Address Principal Business Office: 47 Woodmist Way PO Box 1446 — City: North Kingstown — State: RI — Zip: 028525
4. Business Phone No.: 401-941-5959
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: 8888
7. Brief Description of the Character of Business Conducted in Rhode Island: Installation & Service of Alarm Systems

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Vice President Name: Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Secretary Name: Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Treasurer Name: Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: Michael J Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Director Name: Susan L Kollett
Street Address: 47 Woodmist Way PO Box 1446
City: North Kingstown State: RI Zip: 02852

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000 NO PAR	A/1	NO PAR

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	A/1	NO PAR

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

* 4 0 2 1 9 *

File Date: 2/26

Check No: 1681

By: JAP

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.

Susan L. Kollett — 2/24/98
Signature of Officer — *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 40219

2. Name of Corporation: NORTHEAST SECURITY SYSTEMS INC.

3. Street Address Principal Business Office: 47 Woodmist Way PO Box 1446 — City: North Kingstown — State: RI — Zip: 02852

4. Business Phone No.: 401-941-5959

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 8888

7. Brief Description of the Character of Business Conducted in Rhode Island: Installation & Service of Alarm Systems

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: Michael J. Kollett
Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852

Vice President Name: Susan L. Kollett
Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852

Secretary Name: Susan L. Kollett
Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852

Treasurer Name: Michael J. Kollett
Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: Michael J. Kollett
Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852

Director Name: Susan L. Kollett
Street Address: 47 Woodmist Way Box 1446
City: North Kingstown State: RI Zip: 02852

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000 NO PAR	A/1	NO PAR	1000	A/1	NO PAR

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

[redacted] *40219*

File Date: 2/28/97

Check No.: 1936

By: CAT

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Susan L. Kollett — 2/24/97
Signature of Officer *Date*

SUSAN L. KOLLETT
Print or Type Name of Officer

Vice President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
40219	NORTHEAST SECURITY SYSTEMS INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
47 WOODMIST WAY BOX 1446	NORTH KINGSTOWN	RI	02852

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
401-944 5959	RHODE ISLAND	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

INSTALLATION, SERVICING OF ALARM SYSTEMS, MONITORING, ETC.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
MICHAEL J. KOLLETT	SUSAN L. KOLLETT
STREET ADDRESS: 47 WOODMIST WAY BOX 1446	STREET ADDRESS: 47 WOODMIST WAY BOX 1446
CITY: NORTH KINGSTOWN STATE: RI ZIP CODE: 02852	CITY: NORTH KINGSTOWN STATE: RI ZIP CODE: 02852
SECRETARY NAME	**TREASURER NAME**
SUSAN L. KOLLETT	MICHAEL J. KOLLETT
STREET ADDRESS: 47 WOODMIST WAY BOX 1446	STREET ADDRESS: 47 WOODMIST BOX 1446
CITY: NORTH KINGSTOWN STATE: RI ZIP CODE: 02852	CITY: NORTH KINGSTOWN STATE: RI ZIP CODE: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
SAME	SAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000 NO PAR	A/1 NO PAR		1000	A/1	NO PAR

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Susan L. Kollett V. President
Signature of Officer

SUSAN L. KOLLETT
Print or Type Name of Officer

VICE PRESIDENT 01/26/96
Title of Officer Date

File Date: 2/21/96
Check No: 1197
By: CP

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0040219 Annual Report for the year: 1995

Name of Corporation: NORTHEAST SECURITY SYSTEMS INC.

Business entity organized under the laws of the State of: _____

For foreign entity, address and telephone number of principal office:

_____

_____

_____

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

47 Woodmist Way
North Kingstown RI 02852

Phone: (401) 941-5959

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

RETAIL SALES / SERVICE BUSINESS OF SECURITY SYSTEMS

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	MICHAEL J. KOLLETT	47 WOODMIST WAY BOX1446	NORTH KINGSTOWN	RI 02852
VICE PRESIDENT	SUSAN L. KOLLETT	47 WOODMIST WAY BOX1446	NORTH KINGSTOWN	RI 02852
SECRETARY	SUSAN L. KOLLETT	47 WOODMIST WAY BOX1446	NORTH KINGSTOWN	RI 02852
TREASURER	MICHAEL J. KOLLETT	47 WOODMIST WAY BOX1446	NORTH KINGSTOWN	RI 02852

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	MICHAEL J. KOLLETT	47 WOODMIST WAY	NORTH KINGSTOWN	RI 02852
	SUSAN L. KOLLETT	47 WOODMIST WAY	NORTH KINGSTOWN	RI 02852

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 1000 Class / Series A 1	Number of Shares 1000 Class / Series A 1
W/O PAR	W/O PAR

Date 07/18/1995

By: Susan L. Kollett
SUSAN L. KOLLETT
PRINT OR TYPE NAME OF OFFICER SIGNING
VICE PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MICHAEL J. KOLLETT
47 WOODMIST WAY, PO BOX 1446
NO. KINGSTOWN RI 02852

[illegible] 1994
CK# 955

iling Fee $50.00
ayable to:
ecretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

0040219

1994

Corporate ID: _____ Annual Report for the year: NORTHEAST SECURITY SYSTEMS INC.

Name of Business Entity: NORTHEAST SECURITY SYSTEMS INC

Business entity organized under the laws of the State of: RHODE ISLAND

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

47 WOODMIST WAY
NORTH KINGSTOWN RI 02852

Phone: (401) 941-5959

Business Entity is (check one):

- [X] Business Corporation (See RIGL Chapter 7-1.1)
- [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
- [ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

MICHAEL J. KOLLETT, PRESIDENT
47 WOODMIST WAY POBOX 1446
NORTH KINGSTOWN, RI 02852

Brief statement of the character of business conducted in Rhode Island:

Alarm Sales Servicing & monitoring

Date of Organization: ~~1986~~ 9/25/86 RE

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) MICHAEL J. KOLLETT	47 WOODMIST WAY POBOX 1446	NORTH KINGSTOWN RI	02852
☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One) SUSAN L. KOLLETT	47 WOODMIST WAY POBOX 1446	NORTH KINGSTOWN RI	02852
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) SUSAN L. KOLLETT	47 WOODMIST WAY POBOX 1446	NORTH KINGSTOWN RI	02852
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) MICHAEL J. KOLLETT	47 WOODMIST WAY POBOX 1446	NORTH KINGSTOWN RI	02852

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MICHAEL J. KOLLETT	47 WOODMIST WAY POBOX 1446	NORTH KINGSTOWN RI	02852
SUSAN L. KOLLETT	47 WOODMIST WAY POBOX 1446	NORTH KINGSTOWN RI	02852

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000
CLASS A
SERIES 1
~~PAR VALUE OR~~ WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1000
CLASS A
SERIES 1
~~PAR VALUE OR~~ WITHOUT PAR

Date 02/22 19 94 By: Susan L. Kollett

Filing Fee $50.00

462 93

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 000402169 Annual Report for the year 1992

FIRST: The name of the corporation is NORTHEAST SECURITY SYSTEMS INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is SECURITY SYSTEMS; INSTALLATIONS / SALES & MONITORING

FOURTH: If foreign corporation, address of its principal office [illegible] NORTH KINGSTOWN RI 02852

FIFTH: Business address in Rhode Island 47 WOODMIST WAY PO BOX 1446 NORTH KINGSTOWN RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MICHAEL J. KOLLETT	Director	47 WOODMIST WAY PO BOX 1446
SUSAN L. KOLLETT	Director	" " NORTH KINGSTOWN RI 02852
	Director	
MICHAEL J. KOLLETT	President	SAME
SUSAN L. KOLLETT	Vice President	SAME
SUSAN L. KOLLETT	Secretary	SAME
MICHAEL J KOLLETT	Treasurer	SAME

SEVENTH: Number of Shares authorized.

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	PAID MAR 26 1993 SECRETARY OF STATE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

Dated 2/21 19 93

NORTHEAST SECURITY SYSTEMS INC
(Name of Corporation)

By Susan L. Kollett

Title Vice President

(Report must be signed by an officer)

Form 31 10/91

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0040219 Annual Report for the year 1991

FIRST: The name of the corporation is NORTHEAST SECURITY SYSTEMS INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is SECURITY SYSTEMS, INSTALLATIONS, SALES & MONITORING

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island 47 Woodmist Way PO BOX 1446 NORTH KINGSTOWN RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MICHAEL J. KOLLETT	Director	47 Woodmist Way PO BOX 1446
SUSAN L. KOLLETT	Director	NORTH KINGSTOWN RI 02852
	Director	
MICHAEL J. KOLLETT	President	
SUSAN L. KOLLETT	Vice President	
SUSAN L. KOLLETT	Secretary	
MICHAEL J. KOLLETT	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A		NO PAR

PAID FEB 20 1991 SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

Dated 2/22 19 91

NORTHEAST SECURITY SYS INC
(Name of Corporation)

By Susan L. Kollett

Title Vice President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0040219 Annual Report for the year 1990

FIRST: The name of the corporation is NORTHEAST SECURITY SYSTEMS INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is SECURITY SYSTEMS; INSTALLATIONS, SALES & MONITORING

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island 47 WOODMIST WAY PO BOX 1446 NORTH KINGSTOWN, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MICHAEL J. KOLLETT	Director	47 WOODMIST WAY PO BOX 1446
SUSAN L. KOLLETT	Director	N. KINGSTOWN, RI 02852
	Director	
MICHAEL J. KOLLETT	President	
SUSAN L. KOLLETT	Vice President	
SUSAN L. KOLLETT	Secretary	
MICHAEL J. KOLLETT	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

PAID
MAR 05 1990
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

Dated 02/28 19 90

NORTHEAST SECURITY SYS. INC.
(Name of Corporation)

By Susan L. Kollett

Title Vice President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0040219 Annual Report for the year 1989

FIRST: The name of the corporation is NORTHEAST SECURITY SYSTEMS INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is SECURITY SYSTEMS INSTALLATIONS / SALES & MONITORING

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island 47 WOODMIST WAY PO BOX 1446 NORTH KINGSTOWN RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MICHAEL J. KOLLETT	Director	PRESIDENT STREAM: 47 WOODMIST WAY PO BOX 1446 N. KINGSTOWN R.I.
SUSAN L. KOLLETT	Director	
	Director	
MICHAEL J. KOLLETT	President	
SUSAN L. KOLLETT	Vice President	
SUSAN L. KOLLETT	Secretary	
MICHAEL J. KOLLETT	Treasurer	

SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

FEB 27 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

Dated 2/23 1989

NORTHEAST SECURITY SYS. INC.
(Name of Corporation)

By Susan L. Kollett

Title Vice President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 40219 Annual Report for the year 1988

FIRST: The name of the corporation is NORTHEAST SECURITY SYSTEMS INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is SECURITY SYSTEMS; INSTALLATIONS, SALES & MONITORING

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island 47 WOODMIST WAY P.O.BOX 1446 NORTH KINGSTOWN, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MICHAEL J. KOLLETT	Director	PRES. + TREAS. 47 WOODMIST WAY P.O.BOX 1446 NORTH KINGSTOWN, RI 02852
SUSAN L. KOLLETT	Director	V.PRES. + SEC. SAME
	Director	
MICHAEL J. KOLLETT	President	SAME
SUSAN L. KOLLETT	Vice President	
SUSAN L. KOLLETT	Secretary	
MICHAEL J. KOLLETT	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

PAID
MAR 15 1988
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

Dated 2/26 19 88

Northeast Security
(Name of Corporation)

By Susan L. Kollett

Title Vice President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 40219 Annual Report for the year 1987

FIRST: The name of the corporation is NORTHEAST SECURITY SYSTEMS INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is SALES, SERVICE & INSTALLATION) OF SECURITY SYSTEMS, RESIDENTIAL + COMMERCIAL

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 47 Woodmist WAY- P.O.BOX 1446 North Kingstown RI. 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MICHAEL J. KOLLETT	Director	
	Director	
	Director	
MICHAEL J. KOLLETT	President	47 Woodmist WAY P.O.BOX 1446 North Kingstown, RI 02852
SUSAN L. KOLLETT	Vice President	SAME
SUSAN L. KOLLETT	Secretary	SAME
MICHAEL J. KOLLETT	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	A	1	NO PAR

PAID
MAR 09 1987
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	A	1	NO PAR

MAY 04 1987

Dated Feb 18 19 87

Northeast Security Systems Inc.
(Name of Corporation)

By Susan L. Kollett

Title Vice President + Secretary

(Report must be signed by an officer)

Form 31 1/85