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 IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*		
140048	PROTECTIVE SERVICES GROUP INC.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
9324 SCOTT SCHOOL ROAD	O'FALLON	IL	62269-
4. Business Phone No.	*5. State of Incorporation*		*6. SIC Code*
(618) 310-1700	ILLINOIS		7914

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE SECURITY GUARD SERVICES

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

President Name			*Vice President Name*		
CYNTHIA A. ROLFINGSMEIER			DURWOOD Q. HURST		
Street Address			*Street Address*		
9324 SCOTT SCHOOL RD			9324 SCOTT SCHOOL RD		
City	*State*	*Zip*	*City*	*State*	*Zip*
O'FALLON	IL	62294	O'FALLON	ILLINOIS	62294
Secretary Name			*Treasurer Name*		
JOHN E. FUESTING			JOHN E. FUESTING		
Street Address			*Street Address*		
9324 SCOTT SCHOOL RD			9324 SCOTT SCHOOL RD		
City	*State*	*Zip*	*City*	*State*	*Zip*
O'FALLON	ILLINOIS	62294	O'FALLON	ILLINOIS	62294

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

Director Name			*Director Name*		
CYNTHIA A. ROLFINGSMEIER			DURWOOD Q. HURST		
Street Address			*Street Address*		
9324 SCOTT SCHOOL RD			9324 SCOTT SCHOOL RD		
City	*State*	*Zip*	*City*	*State*	*Zip*
O'FALLON	ILLINOIS	62294	O'FALLON	ILLINOIS	62294
Director Name			*Director Name*		
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*
100,000 COMM NO PAR VALUE			1,000	COMMON	NO PAR

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

[redacted] 140048 [redacted]

140048 FBC 02[illegible]31:36 AM
File Date FILED
FEB 2 8 2005
Check No. 125
By
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.

Cynthia Rolfingsmeier 2/24/05
Signature of Officer *Date*

CYNTHIA A. ROLFINGSMEIER
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01