

Number of Shares

Class/Series

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

· · · ·					
PROFIT COR	PORATION	N ANNUAL F Filing Fee: \$50.00	REPORT 19	97	STOP: PLEASE READ INSTRUCTION REFORE
(FORM MUST BE TYPED IN BL	ACK)				COMPLETING THIS LORSE
1. Corporate ID No.	2. Name of Corporation	on.			
77053	PRECIS	ION ALAR	M COKP		
3. Street Address Principal Business	s Office	7074 7707171	City COPY	State	Zip
36 AUDRE	y Dr		C)AST WAL	RWICK RT	
4; Business Phone No.		5. State of Incorporation	-005.	(**************************************	6. SIC Code
(401) B23-C	200	RT			0273
7. Brief Description of the Characte	er of Business Conducted in	Rhode Island			0 4 / 3
			CATION +N	1 AINTENS	
FIRE ALA 8. NAMES AND ADDRES	SSES OF THE OFFIC	CERS ('X' BOX FOR ATTACK	HMENT)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
President Name			Vice President Name		
PAUL SU	IIFIR A			SAME	
Street Address			Street Address		
36 AUC	DREY D	~			
Street Address 36 AUC	State	Zip	City	State	Zip
O. WARWIE	K RT	01893			·
Secretary Name	, , , , , , , , , , , , , , , , , , ,		Treasurer Name	• • • • • • • • • •	• • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	ACHMENT)		
Director Name			Director Name		
	SAUG			SAME	
Street Address	- · · · · -		Street Address	7.7	
City	State	Zip	City	State	Zip
Director Name		• • •	Director Name	• • •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
		•	,	- · - · •	r
10. SHARES AUTHORIZI	ED AND ISSUED (*)	(* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES		

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

ISSUED) SHARES

Number of Shares

200

	Under penalty of perjury, I declare and affirm that I have examined
1 1	this report, including any accompanying schedules and statements, and
7/3/97	that all statements contained herein are true and correct.
File Date: 19 70 100000	Tal=1/31/97
Check No.: 1100 [87]	Signature of Officer Date PAUL S. UIEIKA
Яу:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT

Par Value

#1.00

correct. Title of Officer

Class/Series

Par Value

PROFIT CORPORATON ANNUAL REPORT

1996



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

Filing Period: January 1-March 1

Filing Fee: \$50.00

	م محمد مراهدر بن بنست م	TERSETTE OF	FRINT IN BLACK INA.		
1. CORPORATE ID NO	2. NAME OF CORPORATION				1
ファククマ	PRECICI	DAL DIARM	PORP		i
77053 PRECISION ALARM 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE			CON CONT	STATE	ZIP CODE
	_			[1
36 AUD REY	$/U_{r}$		WEST WARUK	ス	02893
4 BUSINESS PHONE NO.	5.	STATE OF INCORPORATION			6. SIC COOE
(401) 823-090	^	RI			10000
				······································	0273
7. BRIEF DESCRIPTION OF THE CHARACTER O			4		
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r.r.r.c. recorpi	. /_ U.S. / // A.G /	.//t~_!//C///!	ION, and MAINT SES OF THE OFF	I CERS	
PRESIDENT NAME	-	-	VICE PRESIDENT NAME		
PAUL S. U	IFIRA	!	SAMG		
STREET AMORESS			STREET ADDRESS	7/1/105	·····
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36 AUDRE,	STATE	ZIP CODE	cny	ISTATE	ZIP CODE
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		02893		. 	
SECRETARY NAME		1	TREASURER NAME	. wa . ~	•
<u></u>	MG	<u> </u>		ME	
STREET ADORESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	ατγ	STATE	ZIP COOE
· 	i ·			1	
	9. NAMES	AND ADDRES	SES OF THE DIE	RECTORS	·
DIRECTOR NAME			DIRECTOR NAME		
.<	AME			SAME	
STREET ADDRESS	'-1		STREET ADDRESS		
	•				
CITY	STATE	ZIP COOE	СПУ	STATE	I ZIP CODE
				1	
DIRECTOR NAME	<u> </u>	<u> </u>	OHRECTOR HAME	1	
STREET ADDRESS			STREET ADDRESS		
			errice noviness		
CITY	STATE	ZIP CODE	ary	STATE	ZIP CODE
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	•	1	<u> </u>	<u> </u>	
	10. SH	ARES AUTHO	RIZED AND ISSI	J E D	
	AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
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TAUL SUILIRA	8000	0	8000 200	- 200 -	
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	<u> </u>				
					

This report must be SIGNED IN INK by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-12-96	1
Check No: 37.5	.
Ву:	; ;
For Secretary of State Use Only	•

Under penalty of perjury, I declare and affirm that I have examine
this report, including any accompanying schedules and statements
and that all statements contained herein are true and correct.
· · · · · · · · · · · · · · · · · · ·

Signature of Officer

Print or Type Name of Officer

Date FORM 31 12/95

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: 7.7.95.3	Annual Report for the year: 1995
Name of Corporation: PRECISION ALARM CO. Business entity organized under the laws of the State of: RHODE ISL For foreign entity, address and telephone number of principal office: 36 AUDREY OF WEST WARWICK AF 02823	
Phone: (407) 823-1602 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	FIRE ALARM TESTING, INSTALATION AND MAINTENERS
Phone: (401) 823-1602	
THE NAMES OF	F THE OFFICERS ARE:
	T ADDRESS CITY/STATE ZIP CODE
PAUL S. UIEIRA 36 AUD VICE PRESIDENT STREE	TABORESS WEST WAKWIEL BY 02893 CITYSTATE 21P CODE
SECRETARY 36 AUS	DREY OV WEST WARWICK RE 02893 CITYSTATE ZIPCODE
DENNIS GREENE 82 RESE	TAUDIR RD COVENTRY RI 02816 TADDRESS CITYSTATE ZIPCODE
	UDREY OF WESTWARWICK RE 02843
	THE DIRECTORS ARE:
PAUL S. VIEIRA 36 AC	IDREY OF WEST WARWICK RT 02893 CITYSTATE 21PCODE
DENNIS GREENE 82 RG	ESCHVOIR RD COUGHTRY RT 02816 ET ADDRESS CITYSTATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
8000	200 ISSUED . COMMON 7800 OUT STANDING COMMON
Date	PAUL S. ULEIRA
Form 31 1/95 TITLE	OF OFFICER SIGNING PRESIDENT/TREASURER
DESIGNATED REGISTERED	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated h	
	1 The same of the
	APR 2 4 1995
	EV S.C. 10

3x \$50.00

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 05-0478471	77053	Annual Report for the	year1994	
FIRST: The name of the co	orporation isPreci	sion Alarm Corp.		*********
SECOND: It is incorporate	d under the laws of	Rhode Island		••••••••
THIRD: Character of busin	ness, briefly stated, is	alarm installation		•••••••••
FOURTH: If foreign corpor	ration, address of its pr	rincipal officeN/A		**********
FIFTH: Business address in	n Rhode Island PO I	3ox 40988, Providence RI	02940	*******
SIXTH: Names and address	sses of its directors and	officers: Address (including nu	(Attach rider if neo	essary)
Paul S. Vieira	Director	36 Audrey Drive, West	Warwick,RI0289	.3
Arlette M. Faria	Director	277 Highland Avenue,	Providence RI 029	06
	Director			······
Paul S. Vieira		36. Audrey. Drive,West	-Warwick,-RI0289	13
Duncan A. Duff	Vice Preside	ent 21 Mary Street, Pawtu	cket, RI 02860	
Arlette M. Faria	Secretary:	277 Highland Avenue,	Providence RI 029	06
Arlette M. Faria	Treasurer	277 Highland Avenue,	Providence RI 029	06
SEVENTH: Number of Sha	ares authorized:		Par Value or statement that shares are without	
No. of Shares 8,000	Class Common	FILE N/A	par value	\$1.00
EIGHTH: Number of Shar		JUL 2 0 1994 By 16/4 Series N/A	Par Value or statement that shares are without par value	\$1.00
INU OL STIERS ZOO	C.E. COMMON	.,,		, , , , ,
Dated July 20		Precision Alarm Corp. (Name of Corporation) By Mult Hair		
(Report must be signed)	-	Title Secretary/Treasurer		



State of Rhode Island and Providence Plantations Barbara M. Leonard Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: Precision Alarm Corp
Federal Taxpayer Identification Number:
For foreign entity, address and telephone number of principal office
Phone ()
Address and telephone number of the principal office of business entity in Rhode Island (Provide street address-not P.O. Box):
277 Highland Avenue Providence Rp 02906
Phone (401) 823.0900
Business entity is (check one):
<pre>(</pre>
Name, title and mailing address of contact person to whom
Communications may be directed: ARICHTE FAIN 10 BOX 40988 1000 And RP 02940
Date of organization: 6.1.94
Date of qualification to do business in Rhode Island (if foreign entity):
FILED
JUL 2 0 1994
n. a letter