

# 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	,	g Fee: \$50.00			
(FORM MUST BE TYPED IN L			<del></del>		·
1. Corporate ID No.	2. Name of Corporation	n .			
111162	inControl, Inc.				
3. Street Address Principal Busin		· · · · · · · · · · · · · · · · · · ·	Cin	State	Zip
22 DEWEY AVENUE,	SUITE 4		WARWICK	RI	02886-
4. Business Phone No.	<del></del>	5. State of Incorporation		J	6. SIC Code
4017349250		RHODE ISLAND			885
7. Brief Description of the Char	acter of Rusiness Conduct	,		<del></del>	<u>.l</u>
TO ENGAGE IN THE DE	SIGN, SALES, INS	STALLATION AND SER	VICE OF BUILDING AUTOR	MATION AND ACCESS	CONTROL
LSYSTRMS					
8. NAMES AND ADDRES : President Name	SES OF THE OFFICE	ERS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACES	BEFORE USING ATTAC	HMENTS
Steven E. Beverid		•	Vice President Name	/Dahawe 8 D181/	fanaa 7w
L	ge		Robert J. Spinella,	RODELL A. D AI	tonso, or.
Street Address	_		Street Address		
22 Dewey Avenue,			. 22 Dewey Avenue, Si		
City	State	Zip	Cin	State	Zip
Warwick	'RI	02886	Warwick	RI	02886
Secretary Name	•		Treasurer Name		
Robert A. D'Alfon:	so, Jr.		Robert J. Spinella		
Street Address		<del></del>	Street Address		
22 Dewey Avenue,	Suite 4		22 Dewey Avenue, St	uite 4	
Cin	Tstate	Zip	City	State	Zip
Warwick	RI	102886	. Warwick	RI	02886
	from a management of the company		and the second s	<del></del>	
' Director Name	SES OF THE DIKEC	TOKŽ ("X" ROX ŁOKAT.	TACHMENT) TELL IN SPACE  Director Name	S BELOKE OSING AT IA	CHMENTS
			. Director Hame		
n/a			Kanangan		
Street Address			Street Address		
1			•		
City	State	'Zip	·City·	State	Zip
			•	,	
Director Name	- I • · · • · • · · ·		Director Name		
			•		
Street Address			-Street Address		
<b>,</b>			•		
h <sub>Cin</sub>	State	-  Zip	City	State	Zip
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IN CUADES AUTUODIZ	ED AVERAN FOR AT	racuuram 🗆	II. SHARES ISSUED ("X" BOX	V FOR ATTACHMENTS	·
10. SHARES AUTHORIZ	ED ("X BOX FOR ALL	WCHWENT)		( PORALIACIONELI)	' <del></del>
AUTHORIZED STATES	Classification	Par Value	ISSUED SHARES Number of Shares	Class/Series	1 Par Value
Number of Shares	Class/Series	. The rooms			
8,000 NO PAR VALUE			6000	Common	No par value
0,000 NO PAR VALUE					<u> </u>
			1		
This report must be sign	ed in ink by either t	he President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Truste
, the repair to the extra a	·				
		•			
######################################	<u> </u>				
	<b>                                    </b>				
1 1 1	1 6 2		Under penalty of perjury,	I declare and affirm that i	I have examined
			this report, including any	accompanying schedules	and statements,
A	E 02.64.00 DM*		and that all statements cor	ntained herein are true an	d correct.
111162 DBC 01/07/0	13 U3:51:U8 PM	}	181/2	- 1-1	
File Date 2-14-	<u>O</u>	1	/ UWhin	- 3/1/	05
1000	_ /		Signature of Officer	Date	
Check No. 128	7 (		Steven E. Beve	eridae	
110	•		Frint or Type Name of Office		
By: /42	· ·	_			
"	C LISE ONLY		President	<u> </u>	
FOR SECRETARY OF STAT			Title of Officer		Form 630 12/0



2. Name of Corporation

inControl, Inc.

(FORM MUST BE TYPED IN BLACK)

3. Sireet Address Principal Business Office

22 DEWEY AVENUE, SUITE 4

1. Corporate ID No. 111162

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

State

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

City

22 DEWEY AVEN	VUE, SUITE 4		WARWICK	RI	02886	
4. Business Phone No.		5. State of Incorpo	pration		6. SIC Code	
4017349250 RHOD		RHODE ISL	· · · · ·			
TO ENGAGE IN T	he Character of Business Co. HE DESIGN, SALES,	nducted in Rhode Island INSTALLATION AN	D SERVICE OF BUILDING AUTOMATION AND ACCESS CONTROL			
8. NAMES AND AD	DRESSES OF THE OF	FICERS ("X" BOX FO	RATTACHMENT) 🗆 FILL IN S	PACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name ROBERT J. SPINELLA/ROBERT A. D'ALFONSO, JR.			
STEVEN E. BEV	ERIDGE	<del></del>		ELLA/ROBERT A. D	'ALFONSO, JR.	
22 DEWEY AVEN	TIE SIITTE 4		Sireel Address 22 DEWEY AVENU	E SHITE A		
City	State 4	Zip	City City	State	Zip	
WARWICK	RI	02886	. WARWICK	RI	02886	
Secretary Name	• • • • • • • • • • • • • • • • • • • •		Treasurer Name			
ROBERT A. D'A	LFONSO, JR.		ROBERT J. SPIN	ELLA		
Street Address			* Street Address			
22 DEWEY AVEN	UE, SUITE 4		.22 DEWEY AVENU	E, SUITE 4		
City State Zip .		City	State	7.ip		
WARWICK	RI	02886	. WARWICK	RI	02886	
9. NAMES AND AD	DRESSES OF THE DIE	RECTORS ("X" BOX	FOR ATTACHMENT) TILL IN	SPACES BEFORE USING	ATTACHMENTS	
Director Name			Director Name			
N/A						
Street Address			Sircei Address			
<del></del>				<del></del>		
City	State	Zip	•City	State	Zip	
Director Name					<b></b>	
Director Nome			• Director Name •			
Street Address		<del></del>	·Sircei Address		<del></del>	
			4			
City	Siate	Zip	.Сіђ	State	Zip	
			•			
	ORIZED ("X" BOX FOR	ATTACIIMENT)		X" BOX FOR ATTACHMEN	$m \square$	
AUTHORIZED SHARE			ISSUED SHARES			
Number of Shares	Closs/Series	Par Value	Number of Shares	Closs/Series	Par Value	
8,000 NO PAR VA	ALUE		6000	COMMON	NO PAR VALUE	
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This report and L	cloud in late to a late	on the Duent dant 12	an Dunnidant Constant 4	Internal Connections Transport	Desainer To et	
inis report must be	s signea in ink by eith	er ine rresiaeni, Vi	ce President, Secretary, Ass	isiani secretary, ireasi	urer, Keceiver or Trusic	
1	1 1 1 6 2			erjury, I declare and affirm		
				ng any accompanying sched		
*111162 DBC 04	/16/04 02:17:33 PM*	Ì	and that all stateme	ents contained herein are to	ue and correct.	
File Daie S.	0.09		10213	4	11x/cm	
. 3.2	<u> </u>	-	Signature of Officer Date Steven E. Beveridge			
Check No. 1001	<u>U/</u>					
111	n	_	Print or Type Name of			
$B_{Y_i}$	٧	_		y vante		
FOR SECRETARY OF	STATE USE ONLY		President			
			Title of Officer		Form 630 12/0	

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PE MERIAD INSTRUCTIONS

FORM MUST BE TYPED OR F	PRINTED IN BLACK)				
I Corporate ID No.	2 Name of Corpora	tion	•		
111162	inControl, ir	nc.			
3. Street Address Principal Bus	iness Office		, Citv	State	Zip
l Harry Street	<u>.</u>		Cranston	RI	02907
4. Business Phone No		S. State of Incorporat	10A		6. SIC Code
401–275–7444 7 Brief Description of the Cha	racter of Business Conducted 1	RHODE ISLA n Rhode Island	AND		885
8. NAMES AND ADD	nation system in RESSES OF THE OFF		TACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Steven E. Beve	eridge		Robert J. Spi	nella	
Street Address			Street Address	_	
l Harry Street		<b>a</b> .	l Harry Stree		
<sub>City</sub> Cranston	State RI	z <sub>ip</sub> 02907	Cranatan	State	Zip O2OO7
• •			Cranston Treasurer Name	RI	02907
жжжжжжж vice p Robert A. D'Al			treasurer Name		
Street Address	Lionso		Street Address		
l Harry Street	_		Street Matters		
City	- State	Zıp	City	State	7:6
Cranston	RI	02907	City	,31 🛮 ( )	Zip
9. NAMES AND ADD			ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS
Director Name	KESSES OF THE DAK	EXTENS OF BOX FOR	Director Name	CLS DEI ORL CSENG AT I	4CIMID.NIS
none					
Street Address			Street Address		
City	State	Zip	City	State	Zip
		i			
Director Name			Director Name		
Street Address			Street Address		
_	_				
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	) ("X" BOX FOR ATTACHMENT	<b>r</b> )
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE	E		6,000	common	none
,				- millo	,0

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

	* 1 1 1 6 2 *
File Date.	2/19/03
Check No.:	11116
Ву	8
FOR SECRETARY C	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.

2/15/03

	-
Signature of Officer	Date

teven	E. Beveridge	
rint or Type	Name of Officer	

President		
Title of Officer		
ATTAL. S	Form 630	12/02



Edward S. Inman, III, 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
<u></u>

(FORM MUST BE TYPED II	N BLACK)		•		<b>\</b>
1. Corporate ID No.	2. Name of Corpor	ation			
111162	inContro	ol, Inc.			
3. Street Address Principal Bu	siness Office	•	City	State	Zip
l Harry Street			Cranston	RI	02907
4. Business Phone No.		5. State of Incorporati	lon		6. SIC Code
401-275-7444		RI			0885
7. Brief Description of the Cha	nracter of Business Conducted	in Rhode Island			
Sales and serv	ice of building	g automation sys	stems		
8. NAMES AND ADD President Name	RESSES OF THE OFF	CICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	CHMENTS
Steven E. Beve Street Address	ridge		Robert J. Spi	nella	
l Harry Street			l Harry Stree	t.	
City	State	Zip	City	State	Zip
Cranston	RI	02907	Cranston	RI	02907
Secretary-Number Vice P	resident		Treasurer Name		
Robert A. D'Al					
Street Address			Street Address		
1 Harry Street					
City	State	Zip	City	State	' Zip
Cranston	RI	02907			. ,
	RESSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS
Director Name		· · <del>- ·</del> · ·	Director Name		:
none					
Street Address			Street Address		•
City	State	Zip	City	State	¹ Zip
Director Name		••	Director Name		•
Street Address			Street Address		
****	State	Zip	City	State	Zip
City			11 CHAREC ISSUED	(*X" BOX FOR ATTACHMENT	r)
•	IZED ("X" BOX FOR AT	TACHMENT)	11' 2UMKE2 122AED		
ON SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR AT	(ACHMENT)	SUED SHARES		
10. SHARES AUTHOR	IZED ("X" BOX FOR ATI	FACHMENT)  Par Value		Class/Series	Par Value

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

	3.18-02	
ile Date:		
heck No.:	10644	
3y:	Ce	
OR SECRETAR	RY 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.

AT 3 --

Steven E. Beveridge, President
Print or Type Name of Officer

Title of Officer

Signature of Officer

Form 630 12/01

3/14/02

Date

2. Name of Corporation Inc.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate [D No. 111162

l Harry Street

Check No .:

FOR SECRETARY OF STATE USE ONLY

By:

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

RI

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.

Steven E. Beveridge

Print or Type Name of Officer

President

Title of Officer

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

Cranston

02907

4. Business Phone No. 401–275–7444		5. State of Incorporati	AND		6: SIC Code - 0885
7. Brief Description of the Charac	cter of Business Conducted .	n Rhode Island			
Installation and			ion Systems		
8 NAMES AND ADDRI President Name Steven E. Beveri		ICERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name Robert J. Spir	S BEFORE USING ATTACHM	ENTS
Street Address 189 Broadway			Street Address 197 Modena Ave	enue	
City Newport	State R I	zip 02840	<sup>City</sup> Providence	State RI	21p 02908
Secretary Name			Treasurer Name none	. <del>.</del>	•
Street Addréss			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS (*X* BOX FOR .	ATTACHMENT) FILL IN SPACE  Director Name	CES BEFORE USING ATTACH	MENTS
none Street Address			none Street Address	<u>.</u> .	
City	State	Zip	City	State	; Zip
Director Name			Director Name	•	
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATI	'ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR V	ALUE		6,000	common stock	none
					•
				•	

Form 630 12/00

1/30/2001