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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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liabilty company*
151397	G4S Youth Services, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
Virginia	Contract for OJJDP Compliance Monitoring

5. Principal office address	*City*	*State*	*Zip*
9609 Gayton Road, Suite 100	Richmond	VA	23238

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Gail Y. Browne	President and CEO

Street Address	*City*	*State*	*Zip*
9609 Gayton Road, Suite 100	Richmond	VA	23238

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
Gail Y. Browne	9609 Gayton Road, Suite 100	Richmond	VA	23238

Manager Name	*Street Address*	*City*	*State*	*Zip*

Manager Name	*Street Address*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	*City*	*Zip*
CT Corporation System	10 Weybosset Street	Providence	02903

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 151397 [redacted]

FILED
File Date SEP 24 2007
Check No. By 51700
By:
FOR SECRETARY OF STATE USE ONLY

14722-20-191595

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.

Gail Y. Browne 9/7/07
Signature of Authorized Person *Date*

[redacted] Gail Y. Browne
Print or Type Name of Authorized Person

Form 632 Rev. 6/02