



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2013

**1. ID No.** 000750265

**2. Exact Name of the Limited Liability Company** Global Protection Solutions, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Promoting goods and services to point-of-sale to consumers.

**5. Principal Office Address**

No. and Street: 6 HIGH RIDGE PARK

City or Town: STAMFORD

State: CT

Zip: 06905

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ANGELA LEE Contact Title: LICENSING SPECIALIST

No. and Street: 400 DUKE DRIVE

City or Town: FRANKLIN

State: TN

Zip: 37067

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	NATHANIEL LIPMAN	6 HIGH RIDGE PARK STAMFORD, CT 06905 USA
MANAGER	TODD SIEGEL	6 HIGH RIDGE PARK STAMFORD, CT 06905 USA
MANAGER	ALBERT FINO	6 HIGH RIDGE PARK STAMFORD, CT 06905 USA

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

CORPORATION SERVICE COMPANY 170 WESTMINSTER STREET, SUITE 900 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 6 Day of September, 2012 at 9:14:48 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALBERT FINO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2012 State of Rhode Island and Providence Plantations  
All Rights Reserved