



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>795455</u>		2. Exact name of the limited liability company <u>AMERICAN SECURITY ENFORCEMENT LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>7 WEST FRIENDSHIP Providence RI 02907</u>	
5. Principal office address		City	State Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>JORIS A GARCIA</u>		Contact Title <u>1484-892-5678</u>	
Street Address <u>138 RIVER AVE.</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02721</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name <u>JOSE E. RAMIREZ</u>		Manager Name <u>ALEXIS A. VALERIO</u>	
Street Address <u>239 BROADWAY ST FALL RIVER, MA 02721</u>		Street Address <u>36 MITCHELL ST</u>	
City	State	Zip	City <u>Providence</u> State <u>RI</u> Zip <u>02907</u>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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By 231471

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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.

Alexis Valerio
Signature of Authorized Person

9/3/14
Date

Alexis Valerio
Print or Type Name of Authorized Person