**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. | 2. Exact name of the limited liability company | | |
|---|---|---|---|
| 795455 | AMERICAN SECURITY ENFORCEMENT LLC | | |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island | | |
| RI | 7 WEST FRIENDSHIP Providence RI 02907 | | |
| 5. Principal office address | City | State | Zip |
| | | | |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| JORIS A GARCIA | 1484-892-5678 | | |
| Street Address | City | State | Zip |
| 138 RIVER AVE. | Providence | RI | 02721 |

**7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS** ("X" BOX FOR ATTACHMENT) ☐

| Manager Name | Manager Name |
|---|---|
| Jose E. RAMIREZ | Alexis A. VALERIO |
| Street Address | Street Address |
| 239 BROADWAY ST FALL RIVER, MA 02721 | 36 MITCHELL ST |
| City / State / Zip | City / State / Zip |
| | Providence / RI / 02907 |
| 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.**

RECEIVED
2014 SEP -3 AM 9:44
SECRETARY OF STATE
CORPORATIONS DIV

**FILED**
SEP 03 2014
By 231471
KM

**File Date** _____
**Check No** _____
**By:** _____
**FOR SECRETARY 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.**

cAlexis Valerio 9/3/14
Signature of Authorized Person Date

Alexis Valerio
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012