



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: 2014

1. ID No. 000556445

2. Exact Name of the Limited Liability Company TRP Associates, LLC

3. State of Formation

State: RI

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

TRP Associates, LLC provides the Providence, RI region with experience, expertise, and excellence in all matters of private investigation. TRP Associates, LLC is a full service private investigation agency owned and operated by a team of former members of the Rhode Island State Police. TRP Associates, LLC provides a wide range of confidential investigative services to attorneys, insurance companies, corporations, small businesses, and the general public throughout New England. A few of our services include (but are not limited to) criminal and civil investigations, insurance fraud investigations, background screenings, executive protection details, and surveillance. The investigators at TRP Associates, LLC are licensed and insured to provide fast, professional, and affordable investigative services. With over 75 years of combined experience in investigations, we have the skills and resources to handle all of your investigative needs. TRP Associates, LLC investigative branch operates under Delta Detective Agency and our pre-employment screening and criminal background unit operates under ID Solutions.

5. Principal Office Address

No. and Street: 40 MALBONE STREET, 2ND FLOOR

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

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

Contact Name: Contact Title:

No. and Street: 40 MALBONE STREET, 2ND FLOOR

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

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

Title	Individual Name	Address
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First, Middle, Last, Suffix

Address, City or Town, State, Zip Code, Country

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

LLOYD R. GARIEPY 191 SOCIAL STREET, SUITE 280 WOONSOCKET , RI 02895

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

Signed this 31 Day of October, 2014 at 2:23:43 PM 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 LLOYD R. GARIEPY
Signature of Authorized Person

Form No. 632
Revised 09/07

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