



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. <b>694891</b>		2. Exact name of the limited liability company <b>SECURITY SOLUTIONS LLC</b>			
3. State of Formation <b>RI.</b>		4. Brief description of the character of business conducted in Rhode Island <b>SECURITY</b>			
5. Principal office address <b>230 LEXINGTON AVENUE</b>			City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>KENNETH MARAMDOLIA</b>			Contact Title <b>PRESIDENT</b>		
Street Address <b>230 LEXINGTON AVENUE</b>			City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					

**FILED**

**MAR 06 2015**

BY JMD  
29.243987

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.  
Kenneth Maramdolia 3 6 2015  
 Signature of Authorized Person Date  
KENNETH MARAMDOLIA  
 Print or Type Name of Authorized Person