

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2679 _

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 na	me of the limited liab	ility company		
694891	SE	CURITY S	plutions LL	C	
3. State of Formation	4. Brief des	cription of the charac	ter of business conducted in R	ihode Island	· · · · · · · · · · · · · · · · · · ·
RI.	SE	CURITY			
5. Principal office address 230 LEXING TON AVEUE			M. PROVID	EMCK State	Zip 02904
	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:	
Contact Name KENNETH	TAKAND	OLIA	Contact Title	M.T	
Street Address 230 LEWINCTO	^		N. Provin	State RT	· 02904
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH!	NAMES AND AD	ORESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO 1	NOT LIST MEMBERS
Manager Name			Manager Name	<u></u>	<u> </u>
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zip CD
8. RESIDENT AGENT IN RI			And West Pages of		_ _
This information is current	tly of record in th	e Office of the Secr	etary of State, Changes requ	ire filing Form 642.	- 62
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FILED

MAR-10-6 2015

BYMD	
File Date 29.2439	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 trye and correct
Check No By: FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Date

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