

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. 275201		2. Exact name of the limited liability company Brian's Fire Alarm System Solutions, LLC						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	To enga	To engage in the business of fire alarm testing, service & maintenance						
5. Principal office address 29 Belcher Avenue			City North Smithfield	State RI	Zip 02896-7802			
a multicatoress of i	MITTED LIABILE	y company and	NAME ON TITLE OF CONTACT PER	ISCN:				
Contact Name Brian M. Lussier			Contact Title Member					
Street Address PO Box 164			City Woonsocket	State RI	^{Zip} 02895			
7. LIST ALL MANAGERS (A		RESSES) OF THE	Limped Hability Company, if A	PPLICABLE - DO	i Nord Astronomic Marchael La de Lagra Salabata (Lagra			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zìp	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDEN AGEN IN RH	COE ISLAND							
This information is current	y of record in the	e Office of the Secr	etary of State. Changes require filin	ng Form 642.				

FILED

Fin tale	MAY 0 4 2015	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that ill statements contained herein are true and correct.	
Check No.	$ \cup \delta \mathcal{D}$	5 Zun	05/01/2015
		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Brian M. Lussier	
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012