



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>317629</b>		2. Exact name of the limited liability company <b>Alarm Services LLC.</b>			
3. State of Formation <b>RI.</b>		4. Brief description of the character of business conducted in Rhode Island <b>home security sales &amp; marketing</b>			
5. Principal office address <b>2404 Victory Hwy.</b>		City <b>Coventry</b>	State <b>RI.</b>	Zip <b>02816</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>					
Contact Name <b>Matthew L. Tucci</b>		Contact Title <b>Owner</b>			
Street Address <b>2404 Victory Hwy.</b>		City <b>Coventry</b>	State <b>RI.</b>	Zip <b>02816</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)</b>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2015 JUN 24 AM 11:48  
 SECRETARY OF STATE  
 CORPORATIONS DIV

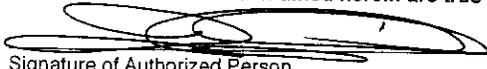
**FILED** ✓

JUN 24 2015

BY 6517870

11:53

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.

  
 Signature of Authorized Person 6/24/15  
 Date  
 Matthew L. Tucci  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**