



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

2016 MAY 18 PM 2:21

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
710720		New England Safety Solutions, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To provide safety procedures + security to the General Public			
5. Principal Office Address		City	State	Zip	
38C Stone Trl		North Providence	RI	02904	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Robert Howe			Member		
Street Address		City	State	Zip	
38C Stone Trl		North Providence	RI	02904	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Robert Howe				5/18/16	
Signature of Authorized Person					
SIGN DOCUMENT HERE					

FILED

MAY 18 2016

BY CA 274619