



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000861117

2. Exact Name of the Limited Liability Company Tech Force National, LLC

3. State of Formation

State: UT

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 561621

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSTALLATION, MAINTENANCE AND REPAIR WORK TO SECURITY SYSTEMS.

5. Principal Office Address

No. and Street: TECH FORCE NATIONAL, LLC
1145 S. 800 E., SUITE 200

City or Town: OREM State: UT Zip: 84097 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: LAUREN STRATTON Contact Title: LICENSING MANAGER

No. and Street: TECH FORCE NATIONAL, LLC
1145 S. 800 E., SUITE 200

City or Town: OREM State: UT Zip: 84097 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JARED MELLOR	1145 S 800 E STE 200

		OREM, UT 84097 USA
MANAGER	RODNEY HALFORD	1145 S 800 E STE 200 OREM, UT 84097 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of September, 2016 at 8:55:09 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LAUREN STRATTON
Signature of Authorized Person

Form No. 632
Revised 09/07

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