

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYON DIV

2016 OCT 13 PM 12: 42

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company				
523725	CINITED SECUPITY SERVICE UL				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81	Samolia				
5. State of Formation	Security Service				
DT	1				
K+	<u> </u>				
6. Principal Office Address			City	State	Zip
145 CONGRESS AVE			TROV	RI	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jermaine	. Henre	/	Contact Title		
Street Address	CRESS.		MOYIDENCE	State LI	2ip 02907
8. 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
			Che	ck the box to indic	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with 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	<u>-</u>
Jermanie Henry				10-13-16	
Signature of Authorized Person					
SIGN DOCUMENT HERE					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 3 2016

ву 285845

FORM 632 - Revised: 08/2016