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State of Rhode Island and Providence Planchens

Department of State - Business Services Division

Annual Report for the year: 2016 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

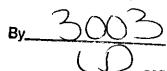
1, Entity ID Number	2. Exact name of the Limited Liability Company					
104784	Superior Security Systems, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
81 - Other Services (except Pub	Residential and Commercial Security Systems/Installation and Monitoring					
5. State of Formation RI				•		
6. Principal Office Address			City	State	Zip	
111 Sundale Road			Cranston	RI	02921	
7. Mailing Address of Limited Lia	bility Compar	y and Earne or Ti				
Contact Name Thomas Ferry			Contact Title Member			
Street Address 111 Sundale Road			City Cranston	State RI	^{Zip} 02921	
8. List ALL managers (names ar	nd addresses)) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name Thomas Ferry			Manager Name			
Street Address 111 Sundale Road			Street Address	Street Address		
^{City} Cranston	State RI	^{Zip} 02921	City	State	Zip %	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This informa	ation is currently of re	ecord with the Department of St			
Under penalty of perjury, I deci statements, and that all statem	are and affir ents contain	m that I have exa led he: ் are tru	mined this report, includir e and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person			· · · · · · · · · · · · · · · · · · ·	Date		
Thomas Ferry, Member			17/2/1	L		
Signature of Authorized Person		Member		1		
	1				<u> </u>	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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•FORM 632 - Revised: 08/2016