

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

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: 2017

- **1. ID No.** 001667163
- 2. Exact Name of the Limited Liability Company GCA SPECIALTY SERVICES LLC
- 3. State of Formation

State: FL

#### ARTICLE III

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

NAICS Code

6

561610

Fee: \$50.00

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

#### **GUARD SERVICES**

#### 5. Principal Office Address

No. and Street: 1350 EUCLID AVE

**SUITE 1500** 

City or Town: <u>CLEVELAND</u> State: <u>OH</u> Zip: <u>44115-1832</u> Country: <u>USA</u>

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

Contact Name: <u>JAMES ALLEN</u> Contact Title: <u>ASSISTANT SEC</u>RETARY

No. and Street: 1350 EUCLID AVENUE, SUITE 1500

City or Town: CLEVELAND State: OH Zip: 44115-1832Country: 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	RANDY TWYMAN	1350 EUCLID AVE STE 1500 CLEVELAND, OH 44115-1832 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 23 Day of March, 2017 at 2:24:23 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 <u>JAMES ALLEN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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