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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: Septembor 1 - November 1 - This report must be typed or printed legibly. Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name	of the Ilmited IIab	llity company		
000528320	SBL Atlar	ntic LLC			
3. State of Formation			ter of business conducted in Rho		
Rhode Island	Promote, sell and operate safety programs for school districts 56/62)				
5. Principal office address 5651 W. Talavi Blyd			City Glandale	State	Zlp 85306
B. MAILING ADDRESS OF LIN	AITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT	1. —	10000
Contact Name Scott Huson		<u> </u>	Contact Title		
Street Address 5651 W. Talavi Bivd			City Glendale	State AZ	Zlp 85306
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADDR	ESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zio	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	ZIp
B. RESIDENT AGENT IN RHOI					
This information is currently	of record in the (Office of the Secr	etary of State. Changes require	e filing Form 642.	
					BUS SVCS DIV
File Date			this report, includin	erjury, I declare and att g any accompanying a inte confained herein a	irm that I have examined schedules and statements, are true and correct.
			Signature of Authoriz	ed Person	Date
Dy:	FOR SECRETARY OF STATE USE ONLY				
By:			Scott Huson		24.0

Form 160, E32 HE1154-3 01/2012

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