| | State of Rhode Island and Prov Office of the Secretary | | IS Fee: \$50.0 |
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| | Division Of Business S 148 W. River Stre Providence RI 02904 | eet -2615 | |
| HOPE | (401) 222-3040 |) | |
| Limited Liability Con Annual Report Filing Period: September of | | | |
| | . 7-16-66(d), each limited liability compa iin thirty (30) days after the time prescrib penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR | : <u>2017</u> | | |
| 1. ID No. <u>00069489</u> | 1 | | |
| 2. Exact Name of the L | imited Liability Company <u>SECURIT</u> | Y SOLUTIONS LLC | <u>C</u> |
| 3. State of Formation | | | |
| | | | |
| State: <u>RI</u> | | | |
| State: <u>RI</u> | ARTICLE III | | |
| Enter the six digit NAICS the list of codes <u>here.</u> Mo | ARTICLE III Code that best describes the primary but re information on <u>NAICS</u> can be found on | - | the entity. Download |
| Enter the six digit NAICS | Code that best describes the primary bu | - | the entity. Download |
| Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>541618</u> | Code that best describes the primary bu | nline. | |
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KENNETH MARANDOLA SR 230 LEXINGTON AVENUE NORTH PROVIDENCE, RI 02904

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

Signed this 11 Day of October, 2017 at 4:38:38 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 KENNETH MARANDOLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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