Si	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615	
Limited Liability Com Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000717445</u>	-		
2. Exact Name of the Limited Liability Company <u>EARLY WARNING SERVICES, LLC</u>			
3. State of Formation			
State: DE			
ARTICLE III			
-	ode that best describes the primary information on <u>NAICS</u> can be found	-	ntity. Download
4. Brief Description of the	e Character of the Business Which	n is Actually Conducted in F	hode Island
PROVIDE RISK MANA	GEMENT OPERATING SOLUT	TONS TO PREVENT FRA	UD & RISK.
5. Principal Office Addres	35		
	2 N. 90TH STREET <u>TTSDALE</u> State	: <u>AZ</u> Zip: <u>85260</u> Cot	untry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Person	:
	<u>2 N. 90TH STREET</u>	e: <u>AZ</u> Zip: <u>85260</u> Co	untry: <u>USA</u>
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, Zi	p Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 16 Day of October, 2017 at 3:20:21 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 MARK TRAVI

Signature of Authorized Person

Form No. 632 Revised 09/07

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