

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 20

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. ID No 2. Exact name of the limited Hability company 136222 Guardsmark, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island SECURITY AND INVESTIGATIVE SERVICES **DELAWARE** 5 Principal office address State 22 S. Second Memphis 38103 TN 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Tommy State 5. 5econo 5+. 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address SeconD Manager Name SeconD City State TN Memphis 38/03 MEMPHIS 38/03 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

City

PROVIDENCE

	136222		
File Date	129/05		
Check No	415287		
8y:			
FOR SE	CRETARY OF STATE USE ONLY		

CT CORPORATION SYSTEM

10 WEYBOSSET STREET

Address

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

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Signaure of Allyhorized Person, TOMMY K. YARBROUGH Pate VICE PRESIDENT.

Print or Type Name of Authorized Person



CT CORPORATION SYSTEM

10 WEYBOSSET STREET

Address

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Corporations Division 100 North Main Stree.

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3. State of Formation	4. Brief descripe	ion of the character of the busit	iess which is actually conducted in Rho	4-11-1	
DELAWARE			stightive Servic		
5. Principal office address		<u> </u>	City	State	
				J	Zip
5. MAILING ADDRESS	OF LIMITED LIAB	ILITY COMPANY AND N	I NAME OR TITLE OF CONTACT	Princer	1 .
			: Contact Title	PERSON:	
Tomony K. Y.	ffbrough		VICE PRESIDEA	-	
and Author			: City	State	
Attn: Tax Dept., 22 5. Second St.			1	Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LI		: INCHIPMIS	ITN	38103	
	* 466 IN 36	ALES REPEDIAL DISTAGE A	TTLACITATES CONTRACTOR CONTRACTOR		•
ANY M	IODIFICATIONS TO	O MANAGERS REQUIRE	S FILING OF AMENDMENT, R))) / 7 16 52
			Manager Name		1) / / 10-52
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Tity	State	Zip	ZZ S. Secon		
Memphis	TN	38103	Memphis	State	Zip
lanager Name		************************	Manager Name		38/03
Joshua S	Lipman			/ :0	
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22 S. Seco	ND St.		22 5.50		
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Memphis	170	38103	. //-		38/03
POUT Name	KHODE ISLAND.	DO NOT ALTER - Chan	ges require filing of Form 6	12 - R.J.G.L. 7-16-11	1 - 4,6 - 3
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T CORPORATION SYSTER	M				

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PROVIDENCE



File Date	29	104	
Check No. 94	650	4	
Ву:	_1		
FOR SECR	ETARY O	F STATE USE	ONLY

Under penalty of perjury, I declare and affirm that I have exami	and this
including any accompanying ashed-t	ned mis report,
including any accompanying schedules and statements, and that	all statements.
contained herein are true and correct.	·

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forman	Klahn	11/24/2004
Signature of Audi	Orifical Person	Date