



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 136222		2. Exact name of the limited liability company Guardsmark, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island SECURITY AND INVESTIGATIVE SERVICES	
5. Principal office address 22 S. Second St.		City Memphis	State TN
		Zip 38103	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Tommy K. YARBROUGH		Contact Title VP	
Street Address 22 S. Second St.		City Memphis	State TN
		Zip 38103	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name IRA. A. Lipman		Manager Name Gustave K. Lipman	
Street Address 22 S. Second Street		Street Address 22 S. Second Street	
City Memphis	State TN	City Memphis	State TN
Zip 38103		Zip 38103	
Manager Name Joshua S Lipman		Manager Name M Benjamin Lipman	
Street Address 22 S. Second Street		Street Address 22 S. Second Street	
City Memphis	State TN	City MEMPHIS	State TN
Zip 38103		Zip 38103	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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



136222

File Date	11/29/05
Check No.	415287
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

	11/1/2005
Signature of Authorized Person	
TOMMY K. YARBROUGH	
VICE PRESIDENT	
Print or Type Name of Authorized Person	



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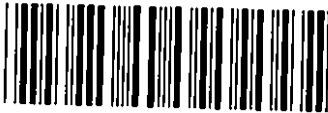
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 136222		2. Exact name of the limited liability company Guardsmark, LLC		
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Security & Investigative Services		
5. Principal office address		City	State	Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Tommy K. Yarbrough Contact Title VICE PRESIDENT Street Address ATTN: Tax Dept., 22 S. Second St. City Memphis State TN Zip 38103				
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52				
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Manager Name Joshua S Lipman Street Address 22 S. Second St. City Memphis State TN Zip 38103		Manager Name M BENJAMIN LIPMAN Street Address 22 S. Second St. City Memphis State TN Zip 38103		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name CT CORPORATION SYSTEM Address 10 WEYBOSSET STREET City PROVIDENCE State 02903				

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



* 1 3 6 2 2 2 *

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.

Signature of Authorized Person
Tommy K. Yarbrough
Date
11/24/2004
Print or Type Name of Authorized Person
Tommy K. YARBROUGH

File Date	11/29/04
Check No.	946894
By:	u
FOR SECRETARY OF STATE USE ONLY	