



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STATE OF RHODE ISLAND
 CORPORATIONS DIVISION

2019 JUN -6 PM 1:45

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000849817		2. Exact name of the Limited Liability Company Connected Ssn Service, LLC			
3. NAICS Code 339950		4. Brief description of the character of business conducted in Rhode Island Installation + Repair of Ssns			
5. State of Formation CT					
6. Principal Office Address 500 Industrial Park Rd		City Deep River	State CT	Zip 06417	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name John R MORRISON		Contact Title managing member			
Street Address 500 Industrial Park Rd		City Deep River	State CT	Zip 06417	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
M----- -----		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person John R Morrison				Date 6/6/19	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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