	State of Rhode Island and Pro Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029	Street 04-2615	
(401) 222-3040			
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. 000850845			
2. Exact Name of the Limited Liability Company <u>NMS SECURITY SERVICES, LLC</u>			
3. State of Formation			
State: <u>AK</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>561612</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ENTITY PROVIDES CONTRACT SECURITY GUARD SERVICES; NOT CURRENTLY			
CONDUCTING BUSINESS IN RHODE ISLAND.			
5. Principal Office Addre	255		
No. and Street: 800 E	DIMOND BLVD STE 3-450		
City or Town: <u>ANCH</u>	IORAGE	State: <u>AK</u> Zip: <u>99515</u> Cou	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>RACHEL WARD</u> Contact Title: <u>LICENSING MANAGER</u>			
No. and Street:800 E DIMOND BLVD STE 3-450City or Town:ANCHORAGEState:AKZip:99515Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country

8. RESIDENT AGENT IN RHODE 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 24 Day of October, 2019 at 4:36:57 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 <u>WILLIAM L TANDESKE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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