RI SOS Filing Number: 201927921430 Date: 11/19/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2019 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.

FILED
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1. Entity ID Number 000159477	l l	2. Exact name of the Limited Liability Company The Safety School, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island Safety Training				
611519	Galety Hal	Subtracting				
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
110B Turnessa Drive			North Providence	RI	02904	
7. Mailing Address of Limite	d Liability Compa	iny and Name or	Title of Contact Person			
Contact Name James Rodger			Contact Title Manager	Contact Title Manager		
Street Address 110B Turnessa Drive			City North Providence	State RI	<sup>Zip</sup> 02904	
8. List ALL managers (name	es and addresse	s) of the Limited I	Liability Company, IF APPLICABLI	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zîp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u></u>	. <u></u>	<u>.</u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently o	of record with the Department of State.	Changes require file	ng Form 642.	
Under penalty of perjury, statements, and that all st			examined this report, including true and correct.	any accompanyir	ng schedules and	
Name of Authorized Person			2 2/11/1	Date		
James Rodger	1 Ta	m		11/18/1	19	
Signature of Authorized Per	// >4			[///	18/19	
	<u> </u>	mt			18/17	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov