



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

Annual Report for the year: 20/9**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.

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
523725	UNHE SECUMEN GARVICES LLE					
3. NAICS Code	<del></del>	4. Brief description of the character of business conducted in Rhode Island				
561612						
5. State of Formation	SECURIFY SERVICES					
RI			-			
6. Principal Office Address			City	State	Zip	
145 CONCRESS AVE			HROVIDENI	ci RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Termain & Henry			Contact Title	Contact Title PRESILYNA		
Street Address 145 CONBRESS AVE			City ROUTEN	State R.F.	zip 02907	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name		<u>-</u>	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	l			Check the box to i	indicate an attachment	
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 Date / ,						
Jermann Herry. 3/12/20						
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 FILED

MAR 1 2 2020

FORM 632 - Revised: 10/2017