	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001675958</u>	3		
2. Exact Name of the Lin	mited Liability Company PChange	LLC	
3. State of Formation			
State: <u>AZ</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ty. Download
<u>561612</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
PROVIDES SECURITY AND GOVERNMENT	<u>' GUARD AND PATROL SERVI</u> BUSINESS.	CES TO COMMERCIAL, RI	ESIDENTIAL
5. Principal Office Addre	SS		
No. and Street: <u>8181 PROFESSIONAL PLACE</u> <u>SUITE 150</u>			
City or Town: <u>HYATTSVILLE</u> State: <u>MD</u> Zip: <u>20785</u> Country: <u>USA</u>			
6. Mailing Address of Lir	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact No. and Street: <u>8181 P</u> SUITE	ROFESSIONAL PLACE		
City or Town: <u>HYATTSVILLE</u> State: <u>MD</u> Zip: <u>20785</u> Country: <u>USA</u>			
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 (Code, Country

2

ROSA GRIFFIN

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON, RI 02806

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of July, 2020 at 1:00:04 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 CAROL TROUTMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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