	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-304	10	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc		
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. 001698518			
2. Exact Name of the Limited Liability Company Advantage Surveillance, LLC			
3. State of Formation			
State: DE			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>561611</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in Rhode	Island
PRIVATE INVESTIGA	<u>ΓΙΟΝ SERVICES</u>		
5. Principal Office Addres	SS		
No. and Street: <u>360 CO</u>	MMERCIAL PARK DRIVE		
	ASVILLE	State: <u>NC</u> Zip: <u>27360</u> Countr	y: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: WILLIAM GREGORY Contact Title: MANAGER			
No. and Street: PO BOX 788			
City or Town: TH	OMASVILLE State: NC	Zip: <u>27361</u> Country: <u>U</u>	<u>SA</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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 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 11 Day of September, 2020 at 9:09:15 AM 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 WILLIAM GREGORY

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved