	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290	04-2615	
HOPE	(401) 222-304	40	
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 penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001529606</u>			
2. Exact Name of the Limited Liability Company <u>ADVANCE SECURITY INTEGRATION LLC</u>			
3. State of Formation			
State: <u>CT</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
<u>238210</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
SECURITY SALES AN	<u>D SERVICE</u>		
SECURITY SALES AND 5. Principal Office Addres			
5. Principal Office Addres No. and Street: <u>10</u>		Zip: <u>06062</u>	Country: <u>USA</u>
5. Principal Office Address No. and Street: 10 City or Town: PL	ss <u>PINE STREET</u>		•
5. Principal Office Address No. and Street: 10 City or Town: PL. 6. Mailing Address of Line Contact Name: Contact T No. and Street: 10 F	SS <u>PINE STREET</u> <u>AINVILLE</u> State: <u>CT</u> nited Liability Company and Name Title: <u>PINE STREET</u>	or Title of Contact	Person:
5. Principal Office Address No. and Street: 10 City or Town: PL. 6. Mailing Address of Line Contact Name: Contact T No. and Street: 10 F	ss <u> PINE STREET</u> <u> AINVILLE</u> State: <u>CT</u> nited Liability Company and Name	or Title of Contact	•
5. Principal Office Address No. and Street: 10 City or Town: PL. 6. Mailing Address of Line Contact Name: Contact T No. and Street: 10 F City or Town: PLA	ss PINE STREET AINVILLE State: CT nited Liability Company and Name Title: PINE STREET INVILLE State: CT Each Manager of the Limited Liab	e or Title of Contact Zip: <u>06062</u>	Person: Country: <u>USA</u>
5. Principal Office Address No. and Street: 10 City or Town: PL. 6. Mailing Address of Line Contact Name: Contact T No. and Street: 10 F City or Town: PLA 7. Name and Address of	ss PINE STREET AINVILLE State: CT nited Liability Company and Name Title: PINE STREET INVILLE State: CT Each Manager of the Limited Liab	e or Title of Contact Zip: <u>06062</u> bility Company, if Ap	Person: Country: <u>USA</u> oplicable.
5. Principal Office Address No. and Street: 10 City or Town: PL. 6. Mailing Address of Line Contact Name: Contact T No. and Street: 10 F City or Town: PLA 7. Name and Address of DO NOT LIST MEMBER	ss <u>PINE STREET</u> <u>AINVILLE</u> State: <u>CT</u> nited Liability Company and Name Fitle: <u>PINE STREET</u> <u>INVILLE</u> State: <u>CT</u> Each Manager of the Limited Liab	e or Title of Contact Zip: <u>06062</u> bility Company, if Ap Address, City or Towr	Person: Country: <u>USA</u> oplicable.

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

INCORP SERVICES, 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 19 Day of October, 2020 at 11:33:44 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 JERRY R BROCKI

Signature of Authorized Person

Form No. 632 Revised 09/07

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