



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001698658

2. Exact Name of the Limited Liability Company Practical Threat Solutions, LLC

3. State of Formation

State: RI

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.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SECURITY INDUSTRY-LEADING SERVICES AND TRAINING AND USES INDUSTRY
KNOW-HOW TO HELP CLIENTS GAIN AN
ADVANTAGE IN SAFETY AND SECURITY.

5. Principal Office Address

No. and Street: 55 ELMCROFT AVE

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ALLEN SPIVER Contact Title: PRINCIPAL / MANAGER

No. and Street: 59 STEERE DRIVE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

**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

MANAGER	ALLEN SPIVER	59 STEERE DRIVE JOHNSTON, RI 02919 USA
MANAGER	JOSEPH IANNUCCI	55 ELMCROFT AVE. PROVIDENCE, RI 02908 US
MANAGER	KENNETH VINACCO	75 SHUN PIKE NORTH SCITUATE, RI 02857 USA

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

JOSEPH C. IANNUCCI 55 ELMCROFT AVE. PROVIDENCE , RI 02908

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

Signed this 24 Day of October, 2020 at 8:56:39 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 ALLEN E SPIVER
Signature of Authorized Person

Form No. 632
Revised 09/07

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