

Annual Report for the year: 2020 **Limited Liability Company** 

**FILED** 

STAMP

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$\rightarrow$	Filing	period:	Septemb	er 1	- November 1
$\rightarrow$	Eiling	F00: €	รก กัก		

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>509318</b>	, · · ·					
3. NAICS Code			haracter of business conducted		· <del>- </del>	
238210	_	-	sting all varieties of fire alarm and burglar alarm systems for clients.			
5. State of Formation	residential	and commerc				
RI						
6. Principal Office Address	<b>,</b>		City	State	Zip	
59 Hendricken Court			Warwick	RI	02889	
7. Mailing Address of Limit	ted Liability Compa	iny and Name o	r Title of Contact Person			
Contact Name James Cadd	lell		Contact Title Member			
Street Address 59 Hendrick	cen Court		City Warwick	State RI	<sup>Zip</sup> 02889	
8. List ALL managers (nar	mes and addresses	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City State		Zip	City	State	Zıp	
Manager Name		<u></u>	Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
		<u>I</u>	I	Check the box to	indicate an attachment	
9. Resident Agent in Rhod	le Island. This inform	nation is currently	of record with the Department of S	state. Changes require fili	ng Form 642.	
Under penalty of perjury statements, and that all			examined this report, include true and correct.	ing any accompanyir	ng schedules and	
Name of Authorized Perso	2 Cd	1011		Date 15-13-2020		
Signature of Authorized Pe	erson Can A	1/1/1	module lefe			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov