



**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:** 2021

**1. ID No.** 001684237

**2. Exact Name of the Limited Liability Company** PoliceReports.US, LLC

**3. State of Formation**

State: NC

**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.

519130

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

CONSULTING SERVICES FOR LAW ENFORCEMENT

**5. Principal Office Address**

No. and Street: 1105 NORTH MARKET ST  
SUITE 501

City or Town: WILMINGTON

State: DE

Zip: 19801

Country: USA

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

Contact Name: RENEE SIMONTON Contact Title:

No. and Street: 1000 ALDERMAN DR 30005

City or Town: ALPHARETTA

State: GA

Zip: 30005

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KENNETH E. FOGARTY	313 WASHINGTON STREET, SUITE 400 NEWTON, MA 02458 USA

MANAGER	MARK KELSEY	1000 ALDERMAN ALPHARETTA, GA 30005 USA
MANAGER	KENNETH THOMPSON	9443 SPRINGBORO MIAMISBURG, OH 45342 USA
MANAGER	RENEE SIMONTON	

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 22 Day of September, 2021 at 3:34:49 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 RENEE SIMONTON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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