



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**Annual Report for the year: 2021**  
**Limited Liability Company**

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED****STAMP**

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BY

FOR SECRETARY OF STATE  
USE ONLY

|                                                                                                                                                                                                             |       |                                                                                                                                                                                                                        |                             |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>509318</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>J.R. Caddell Alarm Systems, LLC</b>                                                                                                                               |                             |                           |                     |
| 3. NAICS Code<br><b>238210</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Installing, servicing, and testing all varieties of fire alarm and burglar alarm systems for residential and commercial clients.</b> |                             |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                                                                                                                        |                             |                           |                     |
| 6. Principal Office Address<br><b>59 Hendricken Court</b>                                                                                                                                                   |       |                                                                                                                                                                                                                        | City<br><b>Warwick</b>      | State<br><b>RI</b>        | Zip<br><b>02889</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                                                                        |                             |                           |                     |
| Contact Name <b>James Caddell</b>                                                                                                                                                                           |       |                                                                                                                                                                                                                        | Contact Title <b>Member</b> |                           |                     |
| Street Address <b>59 Hendricken Court</b>                                                                                                                                                                   |       |                                                                                                                                                                                                                        | City <b>Warwick</b>         | State <b>RI</b>           | Zip <b>02889</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                                                                                                                        |                             |                           |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                                                                                                                        | Manager Name                |                           |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                                                                                                                        | Street Address              |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                                                                                                                    | City                        | State                     | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                                                                                                                        | Manager Name                |                           |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                                                                                                                        | Street Address              |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                                                                                                                    | City                        | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                                                                                                                        |                             |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                                                                                                                        |                             |                           |                     |
| <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> |       |                                                                                                                                                                                                                        |                             |                           |                     |
| Name of Authorized Person<br><b>James R. Caddell</b>                                                                                                                                                        |       |                                                                                                                                                                                                                        |                             | Date<br><b>10-10-2021</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                                                                                                                        |                             | SIGN DOCUMENT HERE        |                     |

**MAIL TO:****Division of Business Services**

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