

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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Partnership
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2024**1. ID No.** 000970462**2. Exact Name of the Partnership** Gavin de Becker & Associates, LP**3. State of Formation**State: DE**NAICS CODE**

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.

561612**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**SECURITY GUARD SERVICES**5. Principal Office Address**No. and Street: 7970 FREDERICKSBURG RD
STE 101 #343City or Town: SAN ANTONIO State: TX Zip: 78229 Country: USA**6. The name and business address of each general partner is:**

An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	GAVIN DE BECKER & ASSOCIATES GP, INC.	350 N GLENDALE AVE #517 GLENDALE, CA 91206 USA

PARTNER	STACI CORY	7970 FREDERICKSBURG RD SAN ANTONIO, TX 78229 UNI
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7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1.

Signed this 27 Day of September, 2024 at 6:28:17 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By STACI CORY
Signature of Authorized Person

Form No. 643
Revised 10/23

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 27, 2024 06:27 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

