RI SOS Filing Number: 202566694550 Date: 3/4/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

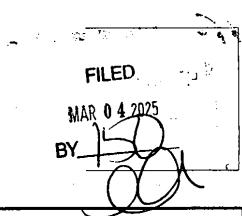
Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



The Safety School, LLC 3. NAICS Code 611519 5. State of Formation RI 6. Principal Office Address 110B Turnessa Drive 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name James Rodger Street Address 110B Turnessa Drive City North Providence RI City North Providence RI City North Providence RI Zip 02904 Contact Title Manager Street Address 110B Turnessa Drive City North Providence RI Zip 02904 City North Providence RI Zip 02904 City North Providence RI Zip 02904 City North Providence RI Department of State is accurate. Changes require filing Form 642. 9. Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules a statements, and that all statements contained herein are true and correct. Name of Authorized Person James Rodger Date 2/26/2025					///	
4. Brief description of the character of business conducted in Rhode Island Safety Training 5. State of Formation RI 6. Principal Office Address 110B Turnessa Drive 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name James Rodger Street Address 110B Turnessa Drive City North Providence Manager City North Providence Contact Title Manager State RI Zip 02904 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Manager City North Providence RI Zip 02904 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules a statements, and that all statements contained herein are true and correct. Name of Authorized Person James Rodger 2/26/2025	1. Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company			
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MAIL TO:

Division of Business Services

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

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