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State of Rhode Island Department of State - Business Services Division

Annual Report for the year:

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number 001752354		2. Exact name of the Limited Liability Company JC Protection Services LLC				
3. NAICS Code 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Personal Security Consultation					
6. Principal Office Address 12 Ansel Ave.		City Providence	State RI	Zip 02907		
7. Mailing Address of Limite	d Liability Company and Name	e or Title of Contact Person	I.			
Contact Name John Carva	alho	Contact Title President	Contact Title President			
Street Address 12 Ansel Ave.		City Providence	State RI	^{Zip} 02907		
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes requir	e filing Form 642.		
9 Under penalty of perjur statements, and that all si	y, I declare and affirm that I i atements contained herein a	have examined this report, includ are true and correct.	ling any accompany	ying schedules and		
Name of Authorized Person John Carvalho	on		Date 2-6-25			
Signature of Authorized Per			2-6-	25		

FILED

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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 AA. 12:47pm