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## State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year: Limited Liability Company 2025

FOR SECRETARY OF STATE

> Eline period: Enhance 1 - A

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001665638	SPECIAL AMERICAN SECURITY LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island PRIVATE SECURITY EVENTS			
561612				
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
68 GRAY STREET		PROVIDENCE	RI	02909
7. Mailing Address of Limited L	iability Company and Name or	Title of Contact Person		
Contact Name SANDRA MERCED		Contact Tale OWNER		
Street Address 68 GRAY STREET		PROVIDENCE	State RI	<sup>Zp</sup> 02909
8. The Resident Agent Information currently of record with the Rt 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 and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person			Date	
Sandra Merced			03/15/2025	
Signature of Authorized Person	ced			

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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