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Annual Report for the year: 2025

Limited Liability Company

→ Filing period: February 1 - May 1

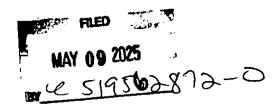
→ Filing Fee: \$50.00

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



2025 HAY -9 A 10: 47

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001694143	SAFETY MANAGEMENT SOLUTIONS, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
541690	SECURITY MANAGEMENT AND CONSULTING SERVICES			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zıp
1 TURKS HEAD PL. #1200		PROVIDENCE	RI	02903
7. Mailing Address of Limite	d Liability Company and Na	rme or Title of Contact Person		
Contact Name ANTHONY MANFREDI		Contact Title MEMBER		
Street Address 1 TURKS HEAD PL. #1200		City PROVIDENCE	State R I	Zip 02903
8. The Resident Agent infor	mation currently of record w	rith the RI Department of State is accu	urate. Changes requ	ire filing Form 642.
Under penalty of perjury, statements, and that all st		have examined this report, includir in are true and correct.	ng any accompanyi	ing schedules and
Name of Authorized Person			Date	
ICHARAMA YNOHTAA			04/10/25	
Signature of Authorized Per	serr			



MAIL TO:

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

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