

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	į	2. Exact name of the limited liability company AMERICAN SAFE & LOCK, LLC				
128995	AMERIO	AN OAI E a Eo	ON, ELO			
3. State of Formation		Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	TO OWN AND OPERATE A SAFE AND LOCK SALES AND REPAIR BUSINESS					
5. Principal office address 117 NORTH MAIN STREET			PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	And the American	
Contact Name MILTON F. WOLFERSEDER			Contact Title			
Street Address 117 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Oity	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	. :		I		
This information is curren	tly of record in th	e Office of the Secr	retary of State. Changes require fil	ing Form 642.		

FILED

JAN 0 6 2015

File Date	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. **Multiple T. Walferse dec 14/18/14**			
Ву:	Signature of Authorized Person Date			
FOR OFFICE BY OF STATE LIST ONLY	MILTON F. WOLFERSEDER			
FOR SECRETARY OF STATE USE ONLY				

Print or Type Name of Authorized Person

Form No. 632

Revised: 01/2012