

## 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 2013

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. 565928		2. Exact name of the limited liability company TPG HR, LLC					
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Management					
5. Principal office address 1140 Reservoir Ave		MITED LIABILITY COMPANY AND	City Cranston	State RI	Zip <b>02920</b>		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Elizabeth A. Procac	4. Brief description of the charact Management  enue  FLIMITED LIABILITY COMPANY AND Eccianti  enue  (NAMES AND ADDRESSES) OF THE I	Contact Title Managing Member					
Street Address 1140 Reservoir Ave	nue	· · · · · · · · · · · · · · · · · · ·	City Cranston	State RI	Zip <b>02920</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) [	7/2/8/21/21	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name	The state of the s		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	<u>.                                    </u>		Manager Name				
reet Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
RESIDENT AGENT IN RI	HODE ISLAND		A CHARLES TO SERVICE T	#			
		38" - 192	retary of State. Changes require	\$11 m	*.		

File Date	FILED	Under penalty of perjury Lacclare and affirm that this report, lively different accompanying scheduling and accompanying scheduling and accompanying scheduling are accompanying scheduling accompanying scheduling are accompanying scheduling are accompanying scheduling ac	les and statements.
Check No	SEP 1 0 2013	and that all state of contained herein are true	9-9-13
FOR SECRETARY OF STATE USE ONLY	8176	Elizabeth A. Procaccianti	Date
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012