

## 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 E. 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.

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1. Entity ID No.		me of the limited lial	bility company				
653481	HR Relie	at LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     Human Resource Consulting					
RI							
5. Principal office addres 535 Atwood Aven	85 Atwood Avenue, Suite 1			State <b>Ri</b>	Zip <b>02920</b>		
8. MAILING ADDRESS	OF LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:			
Contact Name Susan M. Richard			Contact Title Member	Contact Title Member			
Street Address 535 Atwood Aven	reet Address 35 Atwood Avenue, Suite 1			State RI	Zip <b>02920</b>		
7, LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	IS (NAMES AND ADE CHMENT) [	RESSES) 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				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	RHODE ISLAND			Secretaria de la composición dela composición de la composición de la composición dela composición de	Andria de primero de la companio de		
		contact after the contact of the contact of the	retary of State, Changes requi	re filing Form 642	新聞機関係を建立しません。 ・		
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File Date	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedules	es and statements.
Check No.	SEP 1 0 2013	and that all statements contained herein are true  WWW. Nucleur  Signature of Authorized Person	and correct. 9/2/13 Date
FOR SECRETARY OF STATE USE ONLY		Susan M. Richardson	
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012