

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR: 2013** 

**1. ID No.** 000709946

- 2. Exact Name of the Limited Liability Company Tharaldson Hospitality Staffing, LLC
- 3. State of Formation

State: NV

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

staffing company for group of related entities

5. Principal Office Address

No. and Street: 4255 DEAN MARTIN DRIVE, SUITE J

City or Town: LAS VEGAS State: NV Zip: 89103 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CHANTEL HOFFERT Contact Title: CORPORATE AFFAIRS MANAGER

No. and Street: 1201 PAGE DRIVE

**SUITE 200** 

City or Town: FARGO State: ND Zip: 58103 Country: USA

## 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	GARY DEAN THARALDSON	1201 PAGE DRIVE, SUITE 200 FARGO, ND 58103 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

 $\begin{array}{ccc} \underline{\text{CT CORPORATION SYSTEM}} & \underline{\text{450 VETERANS MEMORIAL PARKWAY, SUITE 7A}} & \underline{\text{EAST}} \\ \underline{\text{PROVIDENCE}} &, & \underline{\text{RI}} & \underline{\text{02914}} \end{array}$ 

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 11 Day of September, 2013 at 9:17:44 AM by the authorized person.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By <u>CHANTEL C HOFFERT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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