



**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: 2014

1. ID No. 000508210

2. Exact Name of the Limited Liability Company Adams Keegan-GA, LLC

3. State of Formation

State: GA

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

Payroll Services- PEO

5. Principal Office Address

No. and Street: 200 GALLERIA PARKWAY SE
SUITE 1510

City or Town: ATLANTA

State: GA Zip: 30339 Country: USA

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

Contact Name: Contact Title:

No. and Street: 6055 PRIMACY PARKWAY, SUITE 300

City or Town: MEMPHIS

State: TN Zip: 38119 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JAMES F KEEGAN JR.	6055 PRIMACY PARKWAY, SUITE 300 MEMPHIS, TN 38119 USA
MANAGER	MARTY B BARTON	6055 PRIMACY PARKWAY, SUITE 300 MEMPHIS, TN 38119 USA
MANAGER	ROBERT ADAMS	6055 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119 USA
MANAGER	GEORGE EARLY III	6055 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119 USA

MANAGER

ROBERT H FRANK

6055 PRIMACY PKWY, SUITE 300
MEMPHIS, TN 38119 USA

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

NATIONAL CORPORATE RESEARCH, LTD. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 21 Day of October, 2014 at 4:17:41 PM 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 MARTY B. BARTON
Signature of Authorized Person

Form No. 632
Revised 09/07

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