

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 2015

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.	Exact name of the limited liability company Workdigz, LLC					
842551						
3. State of Formation	4. Brief des	cription of the charae	cter of business conducted in Rh	ode Island		
RI	Subleas	Sublease out property				
5. Principal office address 100 Metro Center Blvd			City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Paul E. Morse			Contact Title President			
Street Address 100 Metro Center Blvd			City Warwick	State RI	Zip 02886	
7. LIST <u>all</u> managers (("X" box for attach	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - DO	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	
B. RESIDENT AGENT IN RI	HODE ISLAND					
This Information is curren	tly of record in the	e Office of the Secr	retary of State. Changes requir	e fillng Form 642.		
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FILED

OCT 0 7 2015

BA

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Paul E. Morse

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012