RI SOS Filing Number: 201608517460 Date: 09/08/2016 10:02 AM

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: 2016

1. ID No. 000954600

2. Exact Name of the Limited Liability Company Signature Information Solutions LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NIACS codes, please select the code that best describes your business.

NIACS Code 6 51

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

SOFTWARE SOLUTIONS

5. Principal Office Address

No. and Street: 1105 NORTH MARKET STREET
SUITE 501
City or Town: WILMINGTON State: DE Zip: 19801 Country: USA

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

Contact Name: RENEE SIMONTON Contact Title:
No. and Street: 1105 NORTH MARKET STREET,
City or Town: WILMINGTON State: DE Zip: 19801 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	ERIC SAIDA	1000 ALDERMAN DR ALPHARETTA, GA 30005 USA

0-6595-0

MANAGER	RICHARD TRAINOR	1000 ALDERMAN DR ALPHARETTA, GA 30005 USA
MANAGER	THOMAS BROWN	1000 ALDERMAN DR ALPHARETTA, GA 30005 USA
MANAGER	LARRY DAVIDSON	1000 ALDERMAN DR ALPHARETTA, GA 30005 USA
MANAGER	ROBERT KARRAA	1000 ALDERMAN DR ALPHARETTA, GA 30005 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 8 Day of September, 2016 at 10:04:30 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 RENEE SIMONTON
Signature of Authorized Person

Form No. 632
Revised 09/07