SI	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report	pany		
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>001070239</u>			
2. Exact Name of the Limited Liability Company The Tico Group, LLC			
3. State of Formation			
State: <u>NH</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		<u>6</u> <u>561</u>	<u>320</u>
4. Brief Description of the	e Character of the Business Which	n is Actually Conducted in Rh	ode Island
THE TICO GROUP, LLC IS A STAFFING COMPANY THAT PROVIDES TEMPORARY			
EXECUTIVE LABOR TO A VARIETY OF CLIENTS.			
5. Principal Office Addres	SS		
No. and Street:20 TRANCity or Town:NASHU	FALGAR SQUARE, SUITE 480 A	State: <u>NH</u> Zip: <u>03063</u> C	ountry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Person:	
Contact Name: <u>MARK A STEIN</u> Contact Title: <u>PRESIDENT</u> No. and Street: 233 NEEDHAM STREET, 3RD FLOOR			
City or Town: NEWTON State: MA Zip: 02464 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
I	, ,	····, -···, -···	, <b>j</b>

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

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 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 12 Day of September, 2016 at 11:29:57 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 NICHOLAS COLEMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved