



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.** 000794451

**2. Exact Name of the Limited Liability Company** CBIZ M&S Consulting Services, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

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

NAICS Code

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

CONSULTING, ACCOUNTING AND DATABASE SERVICES TO GOVERNMENT HEALTH CARE AGENCIES

**5. Principal Office Address**

No. and Street: 1131 SOUTH WINDING ROAD

City or Town: TOPEKA

State: KS Zip: 66615 Country: USA

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

Contact Name: MARTHA LANGE Contact Title:

No. and Street: 6050 OAK TREE BOULEVARD, SUITE 500

City or Town: CLEVELAND

State: OH Zip: 44131 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	MATTHEW J MORELLI	6050 OAK TREE BLVD., SUITE 500 CLEVELAND, OH 44131 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 17 Day of October, 2016 at 11:07:40 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 MATTHEW J MORELLI  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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