



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 **2016**

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. 00924122		2. Exact name of the limited liability company Veriproved Screening LLC			
3. State of Formation RI <i>54</i>		4. Brief description of the character of business conducted in Rhode Island HUMAN RESOURCES SERVICES AND CONSULTING			
5. Principal office address 95 MASHUENA DRIVE		City WARWICK	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAUL K GRAVES		Contact Title PRESIDENT			
Street Address 95 MASHUENA DRIVE		City WARWICK	State RI	Zip 02888	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name M DIANE GRAVES		Manager Name PAUL K GRAVES			
Street Address 95 MASHUENA DRIVE		Street Address 95 MASHUENA DRIVE			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 15 2016

BY *Ch 288512*

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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

Print or Type Name of Authorized Person