



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