

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company				
000159355	Sarry Staffing Solutions, LC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
561320	Staffing Services				
5. State of Formation	/ ' J				
MA					
6. Principal Office Address			City	State	Zip
45 Linden St.			worcester	MA	01609
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact. Name Karen DeMichelo			Contact Title Pre sident		
Street Address Linden St.			City - Worcester :	State	zir01609
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name DeMichele			Manager Name, MacNeil		
Street Address Linden St.			Street Address Linden St.		
City WOrcester	State	Zip 0/609	City WOYCESTRY	State	Zip 0/609
Manager Name			Manager Name /		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date					
Karen DeMichele 9/15/17					
Signature of Arthorized Person Way Double ENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

