	State of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.0
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
_imited Liability Cor Annual Report	npany		
Filing Period: September	- November 1		
	7-16-66(d), each limited liability comp nin thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
1. ID No. <u>00166166</u>	<u>3</u>		
2. Exact Name of the L	imited Liability Company Tailored	Shared Services, LLC	
3. State of Formation			
State: DE			
	ARTICLE III		
Enter the six digit NAICS	ARTICLE III Code that best describes the primary re information on <u>NAICS</u> can be found		the entity. Download
Enter the six digit NAICS	Code that best describes the primary		the entity. Download
Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>561110</u>	Code that best describes the primary	online.	-
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 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 4 Day of October, 2017 at 4:16:07 PM 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 <u>LAURA ANN SMITH</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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