Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	treet	
HOPE	(401) 222-304	40	
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: 2017			
<b>1. ID No.</b> <u>001316091</u>			
2. Exact Name of the Limited Liability Company FISERV SOLUTIONS, LLC			
3. State of Formation			
State: <u>WI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541690</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SOFTWARE SERVICES AND SOLUTIONS FOR FINANCIAL INSTITUTIONS			
5. Principal Office Address	5		
	FISERV DRIVE OKFIELD State: W	<u>/I</u> Zip: <u>53045</u> Country	y: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:       MEAGHAN O'BRIEN       Contact Title:       CORPORATE PARALEGAL         No. and Street:       PO BOX 979         City or Town:       BROOKFIELD       State: WI       Zip: 53008       Country: USA			
<ul> <li>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.</li> <li>DO NOT LIST MEMBERS</li> </ul>			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip C	ode, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PRENTICE-HALL CORP SYSTEM 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 31 Day of October, 2017 at 2:43:45 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 MEAGHAN O'BRIEN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved