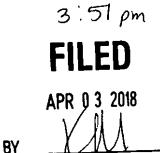
RI SOS Filing Number: 201861508050 Date: 4/3/2018 3:51:00 PM 11 nendor ٩ł RECEIVED SECRETARY OF STATE CORPORATIONS DIV State of Rhode Island and Providence Plantations **Department of State - Business Services Division** 2018 APR -3 PM 3: 51STAMP Amended Annual Report for the year: 2017 Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25 00 fee if form is not filed by December 1. 1. Entity ID Number 2. Exact name of the Limited Liability Company 000121071 TriNet HR IV, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 541612 PROVIDER OF OUTSOURCED PAYROLL, BENEFITS AND HR SERVICES

New York	1					
6. Principal Office Address			City	State	Zip	
1100 SAN LEANDRO BLVD. SUITE 400			SAN LEANDRO	CA	94577	
7. Mailing Address of Lin	nited Liability Compa	iny and Name c	or Title of Contact Person	<u> </u>		
Contact Name			Contact Title			
Street Address 1100 SAN LEANDRO BLVD. SUITE 400			City SAN LEANDRO	State CA	^{Zip} 94577	
8. List ALL managers (ni	ames and addresses	i) of the Limited	Liability Company, IF APPLICABL	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State .	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rho	de Island. This inform	ation is currently	of record with the Department of State	a. Changes require fili	ng Form 642.	
Under penalty of perjur statements, and that all	y, I declare and affil I statements contail	rm that I have ned herein are	examined this report, including a true and correct.	any accompanyin	ng schedules and	
Name of Authorized Person				Date		
Rachel Kauffman	<u>_</u>			04/02/2018		
Signature of Authorized P	Person	SIG	IN DOCHAENT 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

5. State of Formation



FORM 632 - Revised: 10/2017



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

April 03, 2018 03:51 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

