

*"Amended"*State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2018 APR -3 PM 3:51 STAMP

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. Entry ID Number <b>000121071</b>		2. Exact name of the Limited Liability Company <b>TriNet HR IV, LLC</b>			
3. NAICS Code <b>541612</b>		4. Brief description of the character of business conducted in Rhode Island <b>PROVIDER OF OUTSOURCED PAYROLL, BENEFITS AND HR SERVICES</b>			
5. State of Formation <b>New York</b>					
6. Principal Office Address <b>1100 SAN LEANDRO BLVD. SUITE 400</b>			City <b>SAN LEANDRO</b>	State <b>CA</b>	Zip <b>94577</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Street Address <b>1100 SAN LEANDRO BLVD. SUITE 400</b>			City <b>SAN LEANDRO</b>	State <b>CA</b>	Zip <b>94577</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Rachel Kauffman</b>				Date <b>04/02/2018</b>	
Signature of Authorized Person <i>RK</i>				SIGN DOCUMENT 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

*3:51 pm***FILED****APR 03 2018**BY *[Signature]*



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

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

