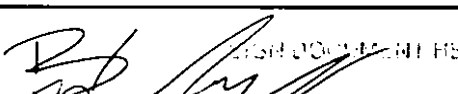State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: __2016__
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 **001297873**	2. Exact name of the Limited Liability Company **Pascoe Workforce Solutions, LLC**
3. NAICS Code **561320**	4. Brief description of the character of business conducted in Rhode Island **temporary staffing**
5 State of Formation **MA**	

6. Principal Office Address **1680 Riverdale St, Suite E**	City **West Springfield**	State **MA**	Zip **01089**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Brody Cunningham**	Contact Title **Managing Partner**		
Street Address **1680 Riverdale St, Suite E**	City **West Springfield**	State **MA**	Zip **01089**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **Brody Cunningham**			Manager Name		
Street Address **1680 Riverdale St, Suite E**			Street Address		
City **West Springfield**	State **MA**	Zip **01089**	City	State	Zip
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 **Brody Cunningham**	Date **06/20/2018**
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W. River Street. Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 2 5 2018

BY 333497

A.A. 11:36 A.M.

FORM 632 - Revised: 10/2017