



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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: 2018

1. ID No. 000998092

2. Exact Name of the Limited Liability Company PSI SERVICES LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

611710

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PSI PROVIDES VARIOUS SOLUTIONS THROUGH ITS MULTIPLE BUSINESS CHANNELS INCLUDING TALENT ASSESSMENTS (OF JOB-SEEKING CANDIDATES AS WELL AS EMPLOYEE DEVELOPMENT PROGRAMS), LICENSURE TESTING SERVICES (FOR GOVERNMENT REGULATORY AGENCIES), CERTIFICATION CREDENTIALING SERVICES (FOR PROFESSIONAL ASSOCIATIONS), LICENSE MANAGEMENT SERVICES AND BIOMETRIC IDENTIFICATION AUTHENTICATION SERVICES. PSI OFFERS CLIENTS VARIOUS SOLUTIONS TO MEASURE, ASSESS AND IDENTIFY THE SKILLS, ABILITIES, TRAITS AND IDENTITIES OF INDIVIDUALS SEEKING JOBS, LICENSURE, OR CERTIFICATION CREDENTIALS.

5. Principal Office Address

No. and Street: 611 N. BRAND BLVD.
10TH FLOOR

City or Town: GLENDALE State: CA Zip: 91203 Country: USA

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

Contact Name: Contact Title:
No. and Street: 611 N. BRAND BLVD.

City or Town: 10TH FLOOR
GLENDALE

State: CA Zip: 91203 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
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 17 Day of September, 2018 at 12:39:37 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 JEFFREY E. MOXIE
Signature of Authorized Person

Form No. 632
Revised 09/07