s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 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:	<u>2018</u>		
1. ID No. 001658881			
2. Exact Name of the Limited Liability Company <u>RESOURCES CONNECTION LLC</u>			
3. State of Formation			
State: <u>DE</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>541611</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PROFESSIONAL AND CONSULTING SERVICES			
5. Principal Office Addres	ŝS		
No. and Street:17101 ARMSTRONG AVENUE, SUITE 100City or Town:IRVINEState:CAZip:92614Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:   No. and Street: <u>17101 ARMSTRONG AVENUE, SUITE 100</u> City or Town: <u>IRVINE</u> State: <u>CA</u> Zip: <u>92614</u> Country:			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix KATE DUCHENE	Address, City or Town, State, Zip Co	
MANAGER	HERBERT MUELLER	IT 101 ARMSTRONG AVENUE IRVINE, CA 92614 USA	
			- SUULE 100

## 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 4:59:39 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 CHRISTA PAGE

Signature of Authorized Person

Form No. 632 Revised 09/07

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