s s	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222 30	treet )4-2615	
HOPE	(401) 222-304	+0	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. <u>00078766</u>	0		
2. Exact Name of the Li	mited Liability Company Conduen	t Business Services, I	LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	<b>ARTICLE III</b> Code that best describes the primary e information on <u>NAICS</u> can be found		y the entity. Download
the list of codes <u>here.</u> Mor <u>561111</u>	Code that best describes the primary e information on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> Mor <u>561111</u>	Code that best describes the primary	online.	
the list of codes <u>here.</u> Mor <u>561111</u>	Code that best describes the primary e information on <u>NAICS</u> can be found <b>ne Character of the Business Which</b>	online.	
the list of codes <u>here.</u> Mor <u>561111</u> <b>4. Brief Description of th</b>	Code that best describes the primary e information on <u>NAICS</u> can be found the Character of the Business Which OUTSOURCING	online.	
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the list of codes here. Mor <u>561111</u> <b>4. Brief Description of th</b> <u>BUSINESS PROCESS</u> <b>5. Principal Office Addre</b> No. and Street: <u>100</u> City or Town: <u>FLC</u> <b>6. Mailing Address of Li</b> Contact Name: Contact No. and Street: <u>100</u> City or Town: <u>FLO</u>	Code that best describes the primary         e information on NAICS         can be found         be Character of the Business Which         OUTSOURCING         ess         CAMPUS DRIVE         DRHAM PARK       State: 1         mited Liability Company and Name         Title:         CAMPUS DRIVE         PRHAM PARK         State: 1         Example of the Limited Liability	NJ       Zip: 07932         or Title of Contact F         NJ       Zip: 07932	country: <u>USA</u> Person: Country: <u>USA</u>
the list of codes here. Mor <u>561111</u> <b>4. Brief Description of th</b> <u>BUSINESS PROCESS</u> <b>5. Principal Office Addre</b> No. and Street: <u>100</u> City or Town: <u>FLC</u> <b>6. Mailing Address of Li</b> Contact Name: Contact No. and Street: <u>100</u> City or Town: <u>FLO</u> <b>7. Name and Address of</b>	Code that best describes the primary         e information on NAICS         can be found         be Character of the Business Which         OUTSOURCING         ess         CAMPUS DRIVE         DRHAM PARK       State: 1         mited Liability Company and Name         Title:         CAMPUS DRIVE         PRHAM PARK         State: 1         Example of the Limited Liability	Image: NJ is Actually Conduct         NJ Zip: 07932         Image: OTTitle of Contact F         NJ Zip: 07932         Image: NJ Zip: 07932	country: <u>USA</u> Person:
the list of codes here. Mor <u>561111</u> <b>4. Brief Description of th</b> <u>BUSINESS PROCESS</u> <b>5. Principal Office Addre</b> No. and Street: <u>100</u> City or Town: <u>FLO</u> <b>6. Mailing Address of Li</b> Contact Name: Contact No. and Street: <u>100</u> City or Town: <u>FLO</u> <b>7. Name and Address of</b> <b>DO NOT LIST MEMBE</b>	Code that best describes the primary e information on <u>NAICS</u> can be found the Character of the Business Which OUTSOURCING ess CAMPUS DRIVE DRHAM PARK State: ] mited Liability Company and Name Title: CAMPUS DRIVE RHAM PARK State: ]	online.         is Actually Conduct         NJ       Zip: 07932         or Title of Contact F         NJ       Zip: 07932         ility Company, if Ap	country: <u>USA</u> Person: Country: <u>USA</u> plicable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CORPORATION SERVICE COMPANY</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 27 Day of September, 2018 at 2:57:55 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 JMICHAEL PEFFER

Signature of Authorized Person

Form No. 632 Revised 09/07

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