RI SOS Filing Number: 201923288320 Date: 10/7/2019 9:15:00 AM

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: 2019

1. ID No. 000906431

2. Exact Name of the Limited Liability Company WORKFORCE SOFTWARE, 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.

511210

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

DEVELOPMENT AND LICENSING OF WORKFORCE MANAGEMENT SOFTWARE.

5. Principal Office Address

No. and Street: 38705 SEVEN MILE ROAD
SUITE 300
City or Town: LIVONIA State: MI Zip: 48152 Country: USA

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

Contact Name: Contact Title:
No. and Street: 38705 SEVEN MILE ROAD
SUITE 300
City or Town: LIVONIA State: MI Zip: 48152 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
MANAGER	RYAN HINKLE	680 FIFTH AVENUE 8TH FLOOR

		NEW YORK, NY 10019 USA
MANAGER	PETER SOBILOFF	38705 SEVEN MILE ROAD SUITE 300 LIVONIA, MI 48152 USA
MANAGER	KEVIN CHOKSI	38705 SEVEN MILE ROAD SUITE 300 LIVONIA, MI 48152 USA
MANAGER	ROSS DEVOR	680 FIFTH AVENUE 8TH FLOOR NEW YORK, NY 10019 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 7 Day of October, 2019 at 9:16:02 AM 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07