s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000931964</u>	<u>4</u>		
2. Exact Name of the Li	mited Liability Company <u>ATRIUN</u>	1 PAYROLL SERVICES LL	<u> </u>
3. State of Formation			
State: <u>NY</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		y. Download
<u>541214</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	ode Island
	RDS SERVICES - PLEASE NOT		
CURRENTLY HAVE IN	NTERNAL EMPLOYEES BUT RA	THER PAYROLL ASSOCIA	<u>ATES.</u>
5. Principal Office Addre	SS		
No. and Street: <u>387 PARK AVENUE SOUTH</u> FL 3			
City or Town: <u>NEW</u>	YORK Sta	nte: <u>NY</u> Zip: <u>10016</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact			
	<u>LIBERTY AVE</u> TE 200		
	TSBURGH State: PA	Zip: <u>15222</u> Countr	y: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab	ility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country

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

REGISTERED AGENT SOLUTIONS, INC. 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 28 Day of October, 2019 at 3:42:14 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 KERI A. CONOWAY

Signature of Authorized Person

Form No. 632 Revised 09/07

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