



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132260		2. Exact name of the limited liability company ADP Commercial Leasing, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASING/ SALE OF COMPUTER SYSTEMS	
5. Principal office address ONE ADP BLVD MS 433		City ROSELAND	State NJ
		Zip 07068	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VERA ESTRADA		Contact Title	
Street Address ONE ADP BLVD MS 433		City ROSELAND	State NJ
		Zip 07068	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name JAMES B. BENSON		Manager Name ROBERT J. SINGER	
Street Address ONE ADP BLVD MS 433		Street Address ONE ADP BLVD MS 433	
City ROSELAND	State NJ	City ROSELAND	State NJ
Zip 07068		Zip 07068	
Manager Name KAREN E. DYKSTRA		Manager Name	
Street Address ONE ADP BLVD MS 433		Street Address	
City ROSELAND	State NJ	City	State
Zip 07068		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



132260

File Date	11-02-05
Check No.	102373
By:	UP
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person: Robert J. Singer Date: 10/31/05
Print or Type Name of Authorized Person: ROBERT J. SINGER



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* 1 3 2 2 6 0 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date	9/27/04
Check No.	87765
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person Robert J. Singer Date 9/13/04
Print or Type Name of Authorized Person ROBERT J. SINGER