	State of Rhode Office of the Secreta		Fee: \$50.
	Division Of Business 148 W. River S Providence RI 029	treet	
HOPE	(401) 222-30		
imited Liability Con	npany		
Annual Report Filing Period: September ::	1 - November 1		
	7-16-66(d), each limited liability com	panv failing or refusing	
	nin thirty (30) days after the time prese		
ANNUAL REPORT YEAR			
1. ID No. 00057607			
2. Exact Name of the L	imited Liability Company <u>REED (</u>	ROUP MANAGEMENT	<u>LLC</u>
3. State of Formation			
State: <u>CT</u>			
	ARTICLE III		
<u>525110</u>	re information on <u>NAICS</u> can be found		
4. Brief Description of t	he Character of the Business Whicl	is Actually Conducted ir	n Rhode Island
		-	
EMPLOYEE LEAVE N	MANAGEMENT SERVICE AND S	SAAS	
5. Principal Office Addr	ess		
No. and Street: 103	55 WESTMOOR DR		
		: <u>CO</u> Zip: <u>80021</u> C	Country: <u>USA</u>
6. Mailing Address of L	imited Liability Company and Nam	e or Title of Contact Pers	on:
Contact Name: Contact	t Title		
	55 WESTMOOR DR		
City or Town: WES	STMINSTER State	: <u>CO</u> Zip: <u>80021</u> C	Country: <u>USA</u>
7. Name and Address o DO NOT LIST MEMBE	f Each Manager of the Limited Lial ERS	bility Company, if Applica	ıble.
Title	Individual Name	Address	5
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country
MANAGER	SANDRA K. CALLAHAN	10355 WESTMO WESTMINSTER, CO	
MANAGER	DANIEL JOHNSON	10 HUDSON	

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		,	

MICHAEL SLIPOWITZ

NEW YORK, NY 10001 USA

10 HUDSON YARDS NEW YORK, NY 10001 USA

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 27 Day of October, 2020 at 12:27:39 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 SANDRA K. CALLAHAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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