	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (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>2020</u>		
<b>1. ID No.</b> <u>00169325</u>	<u>L</u>		
2. Exact Name of the Limited Liability Company General Information Solutions LLC			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>813910</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
EMPLOYMENT BACK	GROUND SCREENING		
5. Principal Office Addre	SS		
	<u>CHAPIN ROAD</u> <u>. BOX 353</u>		
City or Town: <u>CH</u>	<u>APIN</u> State: <u>S</u>	<u>C</u> Zip: <u>29036</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact I	Person:
	<sup>Title:</sup> <u>CHAPIN ROAD</u> . BOX 353		
City or Town: CHA		<u>2</u> Zip: <u>29036</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ade	dress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country

## 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 6:14:44 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 BRIAN COPPLE

Signature of Authorized Person

Form No. 632 Revised 09/07

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