State of Rhode Island Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Providence RI 02904-2615 (401) 222-3040 Image Particle 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 thry (30) days after the time prescribed by law (R.I.G.L. 7- 1866(bkc)) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2020 1. ID No. 000988117 2. Exact Name of the Limited Liability Company PAYCHEX PEO II, LLC State: FL 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. Solities Solities Principal Office Address No. and Street: 970 LAKE CARILLON DRIVE SUITE 400 State: FL Zip: 33716 Country: USA Counter: Title: No and Street: 971 LAKE CARILLON DRIVE SUITE 400 State: FL Zip: 33716 Country: USA <th></th> <th></th> <th></th> <th></th>				
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 thirly (30) days after the time prescribed by law (R.I.G.L. 7- 6-66(b&0) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000988117 2. Exact Name of the Limited Liability Company PAYCHEX PEO II, LLC 3. State of Formation State: FL 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. S61330 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island PROFESSIONAL EMPLOYER ORGANIZATION 5. Principal Office Address No. and Street: 970 LAKE CARILLON DRIVE SUITE 400 Contact Name: Contact Title: No. and Street: 970 LAKE CARILLON DRIVE SUITE 400 Contact Name: Contact Title: No. and Street: 970 LAKE CARILLON DRIVE SUITE 400				

911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625 USA

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 30 Day of October, 2020 at 1:50:43 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 JOHN GIBSON JR

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved