	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Com	inaniy		
Annual Report	ipaliy		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com		
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>		
<b>1. ID No.</b> <u>001686499</u>			
2. Exact Name of the Limited Liability Company CCO Staffing, LLC			
3. State of Formation			
State: DE			
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>561330</u>			
4. Brief Description of th	e Character of the Business Whicl	n is Actually Conducted in Rhod	e Island
STAFFING ENTITY FO	OR CIM GROUP		
5. Principal Office Addre	SS		
No. and Street: 4700 V	WILSHIRE BOULEVARD		
City or Town: LOS A	ANGELES	State: <u>CA</u> Zip: <u>90010</u> Count	ry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person:	
Contact Name: Contact			
	<u>VILSHIRE BOULEVARD</u> NGELES S	tate: CA Zip: 90010 Count	try: LISA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Cod	e, Country
MANAGER	CCO CAPITAL HOLDINGS, LLC	4700 WILSHIRE BOULEV LOS ANGELES, CA 90010 US	

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

PARACORP INCORPORATED 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 30 Day of October, 2020 at 3:09:44 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 JORDAN DEMBO

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved