10|31

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	2. Exact name of the limited liability company
123489	Aquent LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	TEMP. STAFFING.

5. Principal office address	City	State	Zip
711 Boylston ST	Boston	MA	02116

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
John Sales	Tax Director

Street Address	City	State	Zip
711 Boylston ST	Boston	MA	02116

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[redacted] [redacted]

123489

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 — *Date* 10/27/05

John Sales
Print or Type Name of Authorized Person

File Date 11-14-05
Check No. 72225
By: OXC

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 7/03

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 2004

Filing Period: September 1 - November 1 • Filing Fee: $50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123489	2. Exact name of the limited liability company: Aquent LLC
3. State of Formation: DELAWARE	4. Brief description of the character of the business which is actually conducted in Rhode Island: TEMP. STAFFING.

5. Principal office address	City	State	Zip
711 Boylston ST	Boston	MA	02116

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
John Sales	Tax Mgr		
Street Address	**City**	**State**	**Zip**
711 Boylston ST	Boston	MA	02116

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name			Manager Name		
~~John Chuang~~			~~Marzio Domitio~~		
Street Address			Street Address		
~~711 Boylston St~~			~~711 Boylston ST~~		
City	State	Zip	City	State	Zip
~~Boston~~	~~MA~~	~~02116~~	~~Boston~~	~~MA~~	~~02116~~
Manager Name			Manager Name		
~~Steve Kapner~~					
Street Address			Street Address		
~~711 Boylston ST~~					
City	State	Zip	City	State	Zip
~~Boston~~	~~MA~~	~~02116~~			

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

Agent Name	Address	
CT CORPORATION SYSTEM		
Address	**City**	**Zip**
10 WEYBOSSET STREET	PROVIDENCE	02903-

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

* 1 2 3 4 8 9 *

File Date: 12/16/04
Check No.: 54813
By: DA
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: John Sales   Date: 10/28/04

Print or Type Name of Authorized Person: John Sales

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liability company*
123489	Aquent LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
DELAWARE	Temp Staffing

5. Principal office address	*City*	*State*	*Zip*
711 Boylston ST	Boston	MA	02116

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
John Sales	Tax Mgr

Street Address	*City*	*State*	*Zip*
711 Boylston ST	Boston	MA	02116

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE N/A
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Manager Name*
~~John Chuang~~	~~Steve Kaplan~~
Street Address	*Street Address*
~~711 Boylston ST~~	~~711 Boylston ST~~
City / *State* / *Zip*	*City* / *State* / *Zip*
~~Boston~~ / ~~MA~~ / ~~02116~~	~~Boston~~ / ~~MA~~ / ~~02116~~
Manager Name	*Manager Name*
~~Alberto Bonifaz~~	
Street Address	*Street Address*
~~711 Boylston ST~~	
City / *State* / *Zip*	*City* / *State* / *Zip*
~~Boston~~ / ~~MA~~ / ~~02116~~	

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

Agent Name	*Address*	
CT CORPORATION SYSTEM		
Address	*City*	*Zip*
10 WEYBOSSET STREET	PROVIDENCE	02903-

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

* 1 2 3 4 8 9 *

File Date 10/31/03
Check No. 35359
By:

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 — *Date* 9/11/03

John Sales
Print or Type Name of Authorized Person

Form 632 Rev. 2003