



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
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 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: 2020

1. ID No. 001695652

2. Exact Name of the Limited Liability Company Workforce Ready Solutions, LLC.

3. State of Formation

State: RI

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.

561320

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WORKFORCE READY SOLUTIONS, LLC IS AN EMPLOYMENT SERVICES FIRM
LOCATED IN
NORTHERN RI. WE ARE 100% COMMITTED TO STRENGTHENING AND SUPPORTING
INDIVIDUALS AND BUSINESSES IN OUR COMMUNITY BY HELPING PEOPLE TO
UNLOCK AND
OPEN DOORS TO THEIR CAREER SUCCESS. WE DO THIS BY PROVIDING CAREER-
ENHANCING EDUCATIONAL WORKSHOPS, EMPLOYMENT SOLUTIONS, STRATEGIES,
TOOLS,
AND RESOURCES TO HELP BUSINESSES AND INDIVIDUALS TO THRIVE IN THIS
HIGHLY-
COMPETITIVE AND COMPLICATED JOB MARKET. WE ELEVATE PROFESSIONAL
BRANDS,
CREATE COMPELLING CAREER CAMPAIGNS, AND DESIGN PLANS FOR OVERCOMING
ADVERSITY THROUGH EASY-TO-IMPLEMENT SOLUTIONS. SERVICES INCLUDE -
RESUME
WRITING, RECRUITING, STAFFING, CAREER COACHING, AND TEACHING.

5. Principal Office Address

No. and Street: 524 LYDIA AVENUE

City or Town: WOONSOCKET State: RI Zip: 02895 Country: US

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CHARISE WILSON Contact Title: MANAGING DIRECTOR, OWNER
No. and Street: P.O. BOX 1803
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CHARISE WILSON 524 LYDIA AVENUE WOONSOCKET , RI 02895

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

Signed this 15 Day of January, 2021 at 11:15:17 AM 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 CHARISE WILSON
Signature of Authorized Person

Form No. 632
Revised 09/07

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