RI SOS Filing Number: 202189392910 Date: 2/2/2021 4:00:00 PM

State of Rhode Isl	and			_		
# X S Z / X		iness Services	Division			
Annual Report for the year: 2020					STARP	
Limited Liability Company					2 8	
 → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$3 			nber 1.	-	R.I. DEPT. BUS SY	
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
001679020		GC Associates USA LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
541519	Provided p	Provided payroll assistance services				
5. State of Formation VA						
6 Principal Office Address	<u>.</u>	-	City	State	Zip	
2720 S Arlington Mill Drive Unit 504			Arlington	VA	22206	
7. Mailing Address of Limite	ed Liability Compa	ny and Name or Title	of Contact Person	·		
Contact Name Carol Fukumoto			Contact Title COO			
Street Address 1551 Ala Wai Blvd APT 3005			City Honolulu	State III	Zip 96815	
8 List ALL managers (nam	nes and addresses) of the Limited Liabi	lity Company, IF APPLIC	CABLE - DO NOT LIST	MEMBERS	
Manager Name Fukumoto			Manager Name Cire! Fukmoto			
Street Address K313 K4	o Ave Ap	t 2808	Street Address	Ala Wai Blud	Apt 3005	
City Honolylu	State	Zip 96815	City Honolulu	State	Zip 96515	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
			<u> </u>	Check the box to	indicate an attachment	
9. The Resident Agent info	rmation currently o	f record with the RI D	Department of State is a			
Under penalty of perjury, statements, and that all s				ding any accompanyii	ng schedules and	
Name of Authorized Person				Date		
Carol Fukumoto			1 Feb 2021			
Signature of Authorized Pe				. 1		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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FORM 632 - Revised: 08/2020 2: 19