



**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: 2021

1. ID No. 001672694

2. Exact Name of the Limited Liability Company ADP Strategic Plan Services, LLC

3. State of Formation

State: DE

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.

518210

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

EMPLOYEE BENEFIT SERVICES

5. Principal Office Address

No. and Street: 71 HANOVER ROAD

MD-580

City or Town: FLORHAM PARK

State: NJ

Zip: 07932

Country: USA

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

Contact Name: Contact Title:

No. and Street: ONE ADP BLVD.

MS 433

City or Town: ROSELAND

State: NJ

Zip: 07068

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
MANAGER	JIM P BUCCELLA	ONE ADP BOULEVARD

		ROSELAND, NJ 07068 USA
MANAGER	KRISTIN DOS PASSOS-KRIEG	ONE ADP BLVD. ROSELAND, NJ 07068 USA
MANAGER	JEFF HODGES	ONE ADP BVLD. ROSELAND, NJ 07068 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 20 Day of August, 2021 at 2:50:31 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 MARY ANN BETTIN
Signature of Authorized Person

Form No. 632
Revised 09/07

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