	State of Rhode Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2021</u>		
<b>1. ID No.</b> <u>000535515</u>			
<b>2. Exact Name of the Limited Liability Company</b> <u>FIDELITY NATIONAL MANAGEMENT</u> <u>SERVICES, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
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.			
<u>541214</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PAYROLL COMPANY	-		
5. Principal Office Addre	SS		
	<u>RIVERSIDE AVENUE</u> <u>SONVILLE</u> Sta	re: <u>FL</u> Zip: <u>32204</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>MADELINE G. M. LOVEJOY</u> Contact Title: <u>ASSISTANT VICE PRESIDENT</u> No. and Street: <u>3210 EL CAMINO REAL</u> SUITE 200			
City or Town: IRVIN		: <u>CA</u> Zip: <u>92602</u>	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 25 Day of August, 2021 at 8:06:28 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 <u>MADELINE G. M. LOVEJOY</u> Signature of Authorized Person

Signature of Authorized Person

Form No. 632 Revised 09/07

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