

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2022 OCT 17 PM 12: 35

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company ATRIUM PAYROLL SERVICES LLC			
3. NAICS Code 541214	Brief description of the character of business conducted in Rhode Island EMPLOYER OF RECORD			
5. State of Formation NEW YORK				
6. Principal Office Address 387 PARK AVE SOUTH; 3RD FL		City NEW YORK	State NY	Zip 10016
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person		
Contact Name KEVIN MILLER		Contact Title DIRECTOR OF CORPORATE ACCTG.		
Street Address 625 LIBERTY AVENUE; STE 200		City PITTSBURGH	State PA	^{Zip} 15222
8. The Resident Agent Inform	ation currently of record with the R	I Department of State is accurate	e. Changes require	filing Form 642.
Under penalty of perjury, I d	declare and affirm that I have extended to the large transfer transfer to the large transfer transfer to the large transfer transfer to the large transfer transfe	amined this report, including a		
Name of Authorized Person KEVIN MILLER			Date 10/17/2022	
Signature of Authorized Person	on ph			

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BY ZABEY

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MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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