| State of Rh | ode Island Fee: \$50.00 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Office of the Sec | - |
| Division Of Bus 148 W. Riv | |
| Providence RI | |
| (401) 22 | 2-3040 |
| Limited Liability Company Annual Report | |
| Filing Period: February 1 - May 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 - ENTER THE CURRENT YEAR 2024: 2024 | |
| 1. ID No. <u>001693980</u> | |
| 2. Exact Name of the Limited Liability Company OTS SOLUTIONS, LLC | |
| 3. State of Formation | |
| State: <u>DE</u> | |
| NAICS CODE | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | |
| <u>561311</u> | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | |
| PROVIDES STAFFING SERVICES | |
| 5. Principal Office Address | |
| No. and Street:7185 MURRELL ROAD, SUITE 1City or Town:MELBOURNE | 101 State: <u>FL</u> Zip: <u>32940</u> Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | |
| Contact Name: Contact Title: | |
| No. and Street:7185 MURRELL ROAD, SUITECity or Town:MELBOURNE | <u>101</u> State: <u>FL</u> Zip: <u>32940</u> Country: <u>USA</u> |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT AL | |
| 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

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

Signed this 24 Day of April, 2024 at 1:11:22 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>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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