	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street	
1636	Providence RI 02904-2615 (401) 222-3040	
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>001765852</u>		
2. Exact Name of the Limited Liability Company <u>Hexagon HR, LLC</u>		
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>561330</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
WE ARE A PROFESSIONAL EMPLOYER ORGANIZATION		
5. Principal Office Addre	ess	
No. and Street: <u>1776 AV</u> City or Town: <u>LAKEW</u>	VENUE OF THE STATES, SUITE 102VOODState: NJZip: 0870	01 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
	<u>ON HR, LLC</u> Contact Title: <u>ENUE OF THE STATES, SUITE 102</u> <u>OOD</u> State: <u>NJ</u> Zip: <u>087</u>	<u>′01</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888		

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

**Signed this 18 Day of July, 2024 at 9:24:18 AM 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 AARON HELLMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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