

State of Rhode Island
Department of State - Business Services Division

## Application for Registration

FOREIGN Limited Liability Company

 $\rightarrow$  Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

**BBSI PEO Services II, LLC** 

Is this company organized in its state or country of formation as a low-profit limited liability company?

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: Washington

3. The date of its organization is: 10/02/2024

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name Corporation Service Company

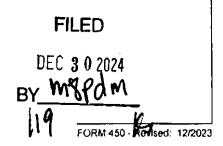
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
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5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Provide professional employer services for small to medium sized businesses including HR consulting, Risk consulting and Payroll.

Check the box to indicate an attachment

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



30 PH1:20

Yes

No 🔽

		<ul> <li>Imited liability company for service of process if, at be found or served following the exercise of reasonal</li> </ul>
	red to be maintained in the state office of the foreign limited liabili	or country of its organization by the laws of that state
	uite 200, Vancouver, WA 98	· · ·
8. The mailing address for the lin	nited liability company is:	
8100 NE Parkway Drive, St	uite 200, Vancouver, WA 98	662
9 Management of the Limited Lis	ability Company: CHECK ONE B	
5. Management of the Limited Li		
Members (Owners DO NOT complete		Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
	Anthony Harris	8100 NE Parkway Drive, Suite 200, Vancouve WA 98662
		Check the box to indicate an attachment
10 This application must be accord		Standing/Letter of Status from the state or country of
formation dated within 60 days o		
11. Date when this application fo	r Certificate of Registration will be	effective: CHECK ONE BOX ONLY
Date received (Upon filing)		
	ust be no more than 90 days fron	the date of filing)
	e and anirm that I have examined that all statements contained her	I this Application for Registration, including any ein are true and correct.
Type or Print Name of LLC		Date
BBSI PEO Services II, LLC		12/02/2024

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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 30, 2024 01:19 PM

Treng M. Course

Gregg M. Amore Secretary of State

