State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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		
823604	OPTIMUM EMPLOYER SOLUTIONS LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
541214			
5. State of Formation			
CA	PEO		
6. Principal Office Address	City	State	Zip
2530 REDHILL AVE., STE 200	SANTA ANA	CA	92705
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
KEVIN GRAMIAN	MANAGING MEMBER		
Street Address	City	State	Zip
2530 REDHILL AVE., STE 200	SANTA ANA	CA	92705
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. ***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***			
Name of Authorized Person		Date	
KEVIN GRAMIAN		03/25/2025	
Signature of Authorized Person			

FILED
MAR 26 2025
BY TPL CA
KJ

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