		e of Rhode Isla the Secretary		Fee: \$50.00
	Divisio	n Of Business Se	rvices	
		8 W. River Street		
1426		dence RI 02904-2	2615	
1030		(401) 222-3040		
Limited Liability	Company			
Annual Report Filing Period: Febr	uary 1 - May 1			
refusing to file its a	R.I.G.L. 7-16-66(d), each l nnual report within thirty (3 66(b&c)) is subject to a pen	80) days after the	time prescribed	by
ANNUAL REPORT	YEAR - ENTER THE CURR	ENT YEAR 202	5 : <u>2025</u>	
1. ID No. <u>0017</u>	7 <u>33954</u>			
2. Exact Name of	the Limited Liability Com	pany <u>SWIPEJOB</u>	<u>S LLC</u>	
3. State of Forma	ition			
State: <u>AZ</u>				
	N	IAICS CODE		
Download the list	NAICS Code that best desc of codes <u>here.</u> More inform			
<u>561320</u>				
4. Brief Description Island	on of the Character of the I	Business Which i	s Actually Conc	lucted in Rhode
STAFFING AGE				
5. Principal Office	e Address			
No. and Street:	<u>5473 BLAIR ROAD</u> <u>SUITE 100-62793</u>			
City or Town:	DALLAS	State: <u>TX</u>	Zip: <u>75231</u>	Country: <u>USA</u>
6. Mailing Addres	s of Limited Liability Comp	pany and Name o	r Title of Contac	et Person:
	Contact Title:			
Contact Name: C No. and Street:	<u>5473 BLAIR ROAD</u> SUITE 100-62793			

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BUSINESS FILINGS INCORPORATED 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 25 Day of April, 2025 at 4:33:03 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 JANE HUSSEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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