



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|-------|---|--|--------------------|---------------------|
| 1. Entity ID No. 488066 | | 2. Exact name of the limited liability company CBS Personnel Services, LLC | | | |
| 3. State of Formation Ohio | | 4. Brief description of the character of business conducted in Rhode Island Temporary Staffing Services | | | |
| 5. Principal office address 201 East 4th Street, Suite 800 | | | City Cincinnati | State OH | Zip 45202 |
| CONTACT INFORMATION FOR LIMITED LIABILITY COMPANY AND CONTACT PERSON | | | | | |
| Contact Name Frank Schiavone | | | Contact Title Corporate Tax Accountant | | |
| Street Address 201 East 4th Street, Suite 800 | | | City Cincinnati | State OH | Zip 45202 |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED *02*
 OCT 24 2016
 BY 419913

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

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.

Frank Schiavone 10/12/2016
 Signature of Authorized Person Date

Frank Schiavone
 Print or Type Name of Authorized Person