



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

**LLC-12**

18-A22974

**FILED**

In the office of the Secretary of State  
 of the State of California

JAN 18, 2018

**This Space For Office Use Only**

**IMPORTANT** — [Read instructions](#) before completing this form.

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$5.00 plus copy fees

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)  
 USR SERVICES LLC

**2. 12-Digit Secretary of State File Number**  
 201734210272

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)  
 DELAWARE

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 500 Staples Drive	City (no abbreviations) Framingham	State MA	Zip Code 01702
b. Mailing Address of LLC, if different than item 4a 500 Staples Drive	City (no abbreviations) Framingham	State MA	Zip Code 01702
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b Shira	Middle Name	Last Name Goodman	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 500 Staples Drive	City (no abbreviations) Framingham	State MA	Zip Code 01702

**6. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>			
		City (no abbreviations)	State CA

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b  
 C T CORPORATION SYSTEM (C0168406)

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
 Sale of office products

**8. Chief Executive Officer, if elected or appointed**

a. First Name Steven	Middle Name	Last Name Matyas	Suffix
b. Address 500 Staples Drive	City (no abbreviations) Framingham	State MA	Zip Code 01702

**9. The Information contained herein, including any attachments, is true and correct.**

01/18/2018

Kelly Lettmann

Power of Attorney

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]



**Attachment to  
Statement of Information  
(Limited Liability Company)**

**LLC-12A  
Attachment**

18-A22974

**A. Limited Liability Company Name**

USR SERVICES LLC

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**B. 12-Digit Secretary of State File Number**

201734210272

**C. State or Place of Organization** (only if formed outside of California)

DELAWARE

**D. List of Additional Manager(s) or Member(s)** - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name <b>Jeff</b>	Middle Name	Last Name <b>Hall</b>	Suffix
Entity Name			
Address <b>500 Staples Drive</b>	City (no abbreviations) <b>Framingham</b>	State <b>MA</b>	Zip Code <b>01702</b>
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code