

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000002955

**Entity Name:** TRINETX, LLC

**Current Principal Place of Business:**

125 CAMBRIDGEPARK DRIVE  
SUITE 500  
CAMBRIDGE, MA 02140

**Current Mailing Address:**

125 CAMBRIDGEPARK DRIVE  
SUITE 500  
CAMBRIDGE, MA 02140 US

**FEI Number:** 85-3257141

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KAITY TOON, ASST. SECT.

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name BRESS, JOE  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

Title MANAGER  
Name HENSHAW, LESLIE  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

Title MANAGER  
Name THAKRAL, ANSHUL  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

Title MANAGER  
Name READ, IAN  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

Title MANAGER  
Name LACHMAN, GAD  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

Title TREASURER  
Name MEGGS, JASON  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

Title SECRETARY  
Name BURD, JEFFREY  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

Title MANAGER  
Name MEGGS, JASON  
Address 125 CAMBRIDGEPARK DRIVE  
SUITE 500  
City-State-Zip: CAMBRIDGE MA 02140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON MEGGS

TREASURER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date