



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 **2014**

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. 858898		2. Exact name of the limited liability company AHS Staffing, LLC			
3. State of Formation Oklahoma		4. Brief description of the character of business conducted in Rhode Island Relief Pharmacy Staffing			
5. Principal office address 3051 Willowood Road		City Edmond	State OK	Zip 73034	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark Smith		Contact Title CEO			
Street Address 3051 Willowood Road		City Edmond	State OK	Zip 73034	
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 Mark Smith		Manager Name Jerick Henley			
Street Address 3051 Willowood Road		Street Address 3051 Willowood Road			
City Edmond	State OK	Zip 73034	City Edmond	State OK	Zip 73034
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
 OCT 31 2014
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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.

*Mark Smith* 10/23/2014  
 Signature of Authorized Person Date

**Mark Smith**  
 Print or Type Name of Authorized Person