

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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 na AHS Sta	2. Exact name of the limited liability company AHS Staffing, LLC					
3. State of Formation Oklahoma	4. Brief des Relief P	Brief description of the character of business conducted in Rhode Island Relief Pharmacy Staffing					
	incipal office address 51 Willowood Road			State OK	Zip 73034		
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:			
Mark Smith	· · · · · · · · · · · · · · · · · · ·		Contact Title Manager				
Street Address 3051 Willowood Ro	d Road		City Edmond	State OK	Zip 73034		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBE		
lanager Name Mark Smith			Manager Name Jerick Henley				
Street Address 3051 Willowood Ro	ad		Street Address 3051 Willowood F	Road			
City Edmond	State OK	Zip 73034	City Edmond	State OK	Zip 73034		
Manager Name	ne		Manager Name				
treet Address			Street Address				
Sity	State	Zip	City	State	Zip		
. RESIDENT AGENT IN F							
his information is currer	ntly of record in the	Office of the Secreta	ary of State. Changes require	filing Form 640			

FILED

File Date		Under penalty of perjury, I declare and affir this report, including any accompanying so and that all statements contained herein ar	chedules and statements
Check No BY	11507	Manor	10/28/5
Ву:	γ • σ	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		MARK STITH	
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012