



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2018 DEC -4 AM 11:25

1. Entity ID Number 000638790		2. Exact name of the Corporation Management Resource Partners, Inc.			
3. Principal Office Address 50 Paterson Avenue		City Warwick	State RI	Zip 02886	
4. NAICS Code 541611	6. Brief description of the character of business conducted in Rhode Island Provides business consulting, management and professional temporary staffing services.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gayle A. Corrigan			Vice-President Name		
Street Address 50 Paterson Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		25,000		STK	50.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative GAYLE A. CORRIGAN					
Signature of Authorized Representative 					

FILED Date **12/4/18**
DEC 9 4 2018
BY: TCNW
11.75