RI SOS Filing Number: 201882159840 Date: 12/4/2018 4:00:00 PM

State of Rhode Island and Reguldance Distance						
State of Rhode Island and Providence Plantations Department of State - Business Services Division						
Annual Report for the year: 2019					, ;	1. DEC
→ Filing period. January 1 - March 1						
→ Filing Fee: \$50,00						
→ Penalty: Additional \$25.00	fee if form is not f	filed by April 1.				
1. Entity ID Number	2. Exact name (of the Corporation				~ 5 - - -
000638770 3. Principal Office Address	Mana	gement		e Partne		
50 Paterson	Avenu		War	vich	State . RT	02886
4. NAICS Code	6. Brief descript	ion of the characte	r of business co	nducted in Rhode Isl	and	-/
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island Frovides business consulting, management State of Incorporation And Professional Temporary						
State of Incorporation and Protessional Temporary						
K 1	Sta	ffing	service	2		
7. List ALL officers (names and ac	idresses)			Check ti	ne box to ind	cate an attachment
President Name Gayle A. Corrigan Street Address O. +			Vice-President Name			
Street Address Paterson Avenue			Street Address			
City Warwick	State	z 2886	City		State	Zıp
Secretary Name			Treasurer Name	1	·	
Strect Address			Street Address			
City	State	Zιρ	City		State	Zip
8. List ALL directors (names and a	_! addresses)			Check t	he hay to ind	licate an attachment
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City		State	Zip
Director Name		<u> </u>		 		
Sirector 143 He			Director Name			
Street Address			Street Address			
City	Totale —					
	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issu	 ed	Check t	.) he box to inc	dicate an attachment
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Changes require an additional filing.		25,0	900	STK		50,0100
- 2 4 appringular hilli	3.		T			
11. This report must be executed	on behalf of the co	orporation by an au	ithorized represe	entative. If the corpor	ration is in th	e hands of a receiver or
triustee this report must be execu	ited on behalf of th	e corporation by th	ie receiver or tru	istee		
Under penalty of perjury, I decl statements, and that all statem	ents contained hi	erein are true and	u triis report, in Lorrect.	cluding any accom	panying sci	nedules and
Name of Authorized Representation 6 AYLE A. (ive			FILED	Date /2	14/10
Signature of Authorized Representative						
Signature of Authorized Representative						
MAIL TO:	1 / 3			The man	1110	75
Division of Business Services 148 W. River Street, Providence, Rhod	de Ísland D2004.284	5		BIS	1 " "	
Phone: (401) 222-3040	20 Idiona 02304-201	-				
Website: www.sos ri.gov					FC	0RM 630 - Revised: 02/2011