

*Amended* RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV



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

Annual Report for the year: 2020  
Corporation

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

2020 FEB 10 P 1:19

1. Entity ID Number <b>638790</b>		2. Exact name of the Corporation <b>Management Resource Partners, Inc.</b>			
3. Principal Office Address <b>200 Conant Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
4. NAICS Code <b>541611</b>		6. Brief description of the character of business conducted in Rhode Island <b>BUSINESS CONSULTING, MANAGEMENT AND PROFESSIONAL TEMPORARY STAFFING AND SECURITY SERVICES.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>GAYLE A. CORRIGAN</b>			Vice-President Name		
Street Address <b>200 CONANT STREET</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <b>25,000</b>		CLASS/SERIES	PAR VALUE <b>\$ 0.0100</b>
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 <b>GAYLE A. CORRIGAN</b>					Date <b>2/10/2020</b>
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
FEB 10 2020  
BY *CA. TSMPC*  
1:18



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

February 10, 2020 01:18 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

