RI SOS Filing Number: 202199600120 Date: 7/29/2021 4:00:00 PM

RI SOS FIIING I	Number: 202199600120	Date: 7/29/2021 4:00:00 PM	
State of Rhode Island Department of Sta	te - Business Services D	Pivision	
Annual Report for the year	ar: 2021	_	
 → Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe 	RECEIVED R.I. DEPT. OF SI BUS SVCS D		

1. Entity ID Number	2 Exact nam	ne of the Corporation	<u> </u>			0, 27		
000638790		2. Exact name of the Corporation Management Resource Partners, Inc. 2021 JUL 29 A 9: 21						
3. Principal Office Address			City		State	Zip		
200 Conant Street		Pawtucket		RI	02860			
4. NAIĈŜ Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
541611		BUSINESS CONSULTING, MANAGEMENT AND PROFESSIONAL TEMPORARY						
5. State of Incorporation	STAFFING	SERVICES						
Rhode Island	- 1				į			
7. List ALL officers (names an	nd addresses)	·		Che	ck the box to in	ndicate an attachment 🗖		
President Name Gayle A. Corrigan			Vice-President Name					
Street Address 200 Conant Street			Street Address					
City Pawtucket	State RI	^{Z₁p} 02860	City	<u>-</u> .	State	Zıp		
Secretary Name		-, 		Treasurer Name				
Street Address		Street Address						
City	State	Zip	City		State	Zip		
8. List ALL directors (names a	and addresses)			Che	ck the box to i	ndicate an attachment		
Director Name		Director Name						
Street Address		Street Address						
City	State	Zip	City		State	Zip		
Director Name		Director Name						
Street Address		Street Address						
City	State	Ζφ	City		State	Zıp		
9. Shares Authorized		10. Shares Iss	10. Shares Issued Ci		heck the box to indicate an attachment			
This information is currently of record in the		NUMBER C	SHARES		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		25000		STK		\$0.0100		
11. This report must be executrustee, this report must be ex	ited on behalf of the	corporation by an	authorized repre	sentative. If the cor	rporation is in t	he hands of a receiver or		
Under penalty of perjury, I d	declare and affirm	that I have examin	ed this report,	including any acc	ompanying s	chedules and		
statements, and that all state Name of Authorized Represer		l herein are true ar	nd correct.	 .	Date			
Gavle A. Corrigan					FD 7/2 7 /2021			
Signature of Authorized Repr	sentative	• = = = = = = = = = = = = = = = = = = =		+ :L1		-		
	JUL 2 9 2021							
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY ON KAF5M

FORM 630 - Revised: 08/2020