

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	
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2007 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is subject to a penalty fee of \$25,00.

1. Corporate ID No.	2. Name of Corporation			· · · · · · · · · · · · · · · · · · ·			
54766	United Personal	Services Inc.					
3. Greet didress Principal Business Of	ion Boa		Warwick	State I	Ö2888		
Floristics Promoved   5. State of Incorporation   State of Incorporatio							
6. Brief Description of the Character of Business Conducted in Rhode Island							
TEMPORARY JOB PLACEMENT AGENCY  7. NAMES AND ADDRESSES OF THE OPERADES. (#V# BOX FOR ATTICALIST).							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS							
STELLA A. MARIS-MARTIN			Paul M DeMelo				
18 lenny son Rd			JSO HUNT St.				
Secretary Name	. hi	<sup>2</sup> 01888	Central Fells	State	<sup>zij</sup> 07863		
MARIA V. Sierra			Stella a Maris-Martin				
street Address Pexingly Que.			978 Tennyton Ro.				
Providence	Sig J	02907	Warwink'	State J	24888 ·		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS							
Stella G. Maris. Martin			Proul n. De helo.				
98 Jenny son Ad			250 Hunt H.				
MOUNTY!	State A T	DA888	Contral Fully	Stage	D1863		
Director Name Director Name							
Street Address			Street Address				
			on con rinareas	$\times$	ļ		
	State	Zφ	City	State	Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 12. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 13. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 14. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 15. SHARES ISSUED ("X" BOX FOR ATTACHMENT ("X" BOX FOR							
Number of Shares C	Class/Series 1	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			1000 No	Day V	awe		
			1000	1 4			
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.							
I I I I I		lation by the receiver of	r trustee.				
				$h\Omega_{\alpha}$			
Under penalty of perjury, I dealine and affirm that I have examined this report, including any accompany mersoachules and statements, and that all statements							
File Date  FILED  54766  including and accordinatelying schedules and statements, and that all statements concarned hereinfare true and correct							
Check No. AUG 3 8 2007 Stella A Maris - Maris							
By: Ry or Type Name							
FOR SECRETARY OF STATE USE ONLY							
	<del></del>		nne		Form 630 Rev. 08/06		