

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

etaence, 1d 02904-2015 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

	L. 7-1.2-1501(e), each	b corporation failing or ref	REPORT MUST BE TYPEI using to file its annual report w				
1. Corporate ID No.	ute ID No. 2. Name of Corporation						
105808	Motivat	ed Temps, Inc.					
3. Street Address Principal Business Office			City	State	Zip		
860 Eddy Street			Providence	RI	02905		
4. Business Phone No.		5. State of Incorporati	on				
(401)461-1193 Rhode Island			ınd				
6. Brief Description of the Chard TO OFFER TEMPO	-		RVICES TO BUSINESSES	S.			
7. NAMES AND ADDRES	SES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN S	PACES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name				
Rosaura Polanc	0						
Street Address	<u></u>		Street Address	Street Address			
860 Eddy Stree	t						
City	State	Zip	City	State	Zip		
Providence	RI	02905					
Secretary Name			Treasurer Name				
Rosaura Polanc	0		•	Rosaura Polanco			
Street Address			Street Address				
860 Eddy stree	. <del>t</del>		<u>:</u>				
		I	860 Eddy Stree		700		
Providence	State	Zip	City 1	State	Zip		
	RI	02905	Providence	RI	02905		
	SES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) [ FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS		
Director Name			Director Name				
Rosaura Polanc	0		<u>:</u>				
Street Address 860 Eddy Street			Street Address	Street Address			
City	State	Ζip	City	State	Zip		
Providence	RI	02905	•				
Director Name	••••••	••••••	Director Name	••••••			
Street Address			Street Address	Street Address			
Сиу	State	Zip	City·	State	Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 \$1.00 PAR VALUE			100	N/A	1.00		
3,000 42100 11.	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100	N/ A	1.00		
This report must be executhis report must be executhis	uted on behalf of th	ne corporation by an auther ecei					
	= 0 /		including any acco		n that I have examined this reputatements, and that all statements		

	FILED	
File Date	AUG 3 1 2007	
Check No.	- 11/2	
Ву:	Ву_/ / И О	
1	FOR SECRETARY OF STATE USE ONLY	

MIN-U-U
der penalty of perjury, I declare and affirm that I have examined this report, uding any accompanying schedules and statements, and that all statements
tained herein are true and correct
ature Date
saura Polanco
nt or Type Name
esident