Filing Fee: \$50.00

ID Number: 114834



Form No. 624 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	·	on, limited liability company or limited partnership is:			
2.	The fictitious business name to be used is	Staffing	- 12	V,	
3.		corporated, organized or formed is Rhode Island		<u> </u>	
4.	The date of incorporation, organization or formation		1	AV.	
5.	If a business corporation, the address of its registered office within Rhode Island is		22	PM 12:	
	1395 Atwood Ave Suite 203, Johnston, RI 0291		·; 39		
6.	If a business corporation, the business in which it is consulting services	s engaged to provide human resources and gener	al busi	ness	
7.	7. Applicant is otherwise authorized to do business in the state of Rhode Island.				
		Under penalty of perjury, I declare that the information contained herein is true and correct.			
Date: 10 -18 - 01		HRXpress, Inc.			
		Name of Applicant Corporation, Limited Liability Company or Lin	nited Part	nership	
		By Signature of Authorized Officer of the Corporation			
		<u>or</u>			
FILED 12:39 NOV 01 2007		By Signature of Authorized Person for the Limited Liabi	lity Com	 pany	
		<u>or</u>			
	NOV 01 2007	BySignature of Authorized Person for the Limited Part	nership		
	$\mathbf{R}_{\mathbf{u}} \cap \mathcal{A}(\mathcal{O} \cup \mathcal{O}')$				