

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

Providence, RI 02904-2615 401.222.3040

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| 1. ID No. | | ne of the limited liability | | | | | |
|-----------------------------|-------------|-----------------------------|---------------------------------|--|--------------|---------------|-----------|
| 145198 | Heartland | d Employment Serv | rices, LLC | | | | |
| 3. State of Formation OHIO | 4 | Brief description of the | character of the business which | ch is actually conducted in Rhode Island | i | | |
| 5. Principal office addres | <i>_</i> | 1, | | City | State | | Zip |
| 333 N. Summit St. | | | | Totedo | OH | | 43604 |
| 110 | ess of Limi | TED LIABILITY C | OMPANY AND NAME | OR TITLE OF CONTACT PERS | ON: | | |
| Contact Name, / S. Hoops | | | | VP Director of Tax | | | |
| 1 | | | | City | State | | Zip |
| 333 N. Summit St. | | | | loledo | 04 | | 43604 |
| 7. NAME AND ADD | RESS OF EA | ACH MANAGER O | P THE LIMITED LIABI | | # 200 N | OT LIST | MEMBERS : |
| | 4.24 | PILL IN SPACES | BEFORE UNITS ATTA | THE REPORT OF SOME | ACHMENT) | | |
| Manager Name | | | | Manager Name | | | |
| | | | | | | | |
| Street Address | | | | Street Address | | | |
| City | Sta | ate | Zip | City | State | | Zip |
| | | | | | | | |
| Manager Name | | | | Manager Name | | | |
| | | | | | | | |
| Street Address | | | | Street Address | | | |
| City | Et a | ate | Mil. | | Loui | | a. |
| City | Sia | are | Zip | City | State | | Zip |
| 8. RESIDENT AGEN | IT IN RHOD | E ISLAND - DO N | OT ALTER - Changes | require filing of Form 642 | R.L.G.L. 7-1 | 6-11 | • |
| Agent Name CT CORPORATION S | SYSTEM | | | Address | | | |
| Address 10 WEYBOSSET STREET | | | | City PROVIDENCE | | Zip 02903- | |
| L: | | | | | <u>_</u> | L | |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

| FILE | |
|----------------------------|----------------|
| File Date OCT 2 6 2 | nn7 |
| Check No. | 15 × M 5 2 |
| By. () () (C) | M SOUTH |
| FOR SECRETARY OF | STATE USE ONLY |

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person