



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

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 failing 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 130915	2. Name of Corporation THE TEMP CONNECTION, INC.
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3. Street Address Principal Business Office 585 Killingly Street	City Johnston	State RI	Zip 02919
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4. Business Phone No. (401) 273-9150	5. State of Incorporation RHODE ISLAND
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6. Brief Description of the Character of Business Conducted in Rhode Island  
TO GENERALLY ENGAGE IN THE BUSINESS OF AN EMPLOYMENT AGENCY, INCLUDING, BUT NOT LIMITED TO THE RECRUITMENT, REFERRAL AND PLACEMENT OF TEMPORARY EMPLOYEES

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Joyce A. Fratantuono	Vice President Name Joyce A. Fratantuono
Street Address 585 Killingly Street	Street Address 585 Killingly Street
City Johnston	City Johnston
State RI	State RI
Zip 02919	Zip 02919

Secretary Name Joyce A. Fratantuono	Treasurer Name Joyce A. Fratantuono
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Street Address 585 Killingly Street	Street Address 585 Killingly Street
City Johnston	City Johnston
State RI	State RI
Zip 02919	Zip 02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joyce A. Fratantuono	Director Name None
Street Address 585 Killingly Street	Street Address
City Johnston	City
State RI	State
Zip 02919	Zip

Director Name None	Director Name None
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Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	Common	No Par

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

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: *Joyce A. Fratantuono* Date: 1/10/08  
Joyce A. Fratantuono  
Print or Type Name  
President  
Title

**FILED**  
File Date: JAN 14 2008  
Check No. 1655  
By: *MAC*  
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