



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 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 123408		2. Name of Corporation Headway HR Solutions, Inc.			
3. Street Address Principal Business Office 421 Fayetteville St. Ste 1020			City Raleigh	State NC	Zip 27601
4. Business Phone No. 919-376-4929		5. State of Incorporation NY			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jean-Pierre Sakey			Vice President Name Joseph Yelenic		
Street Address 421 Fayetteville St			Street Address 421 Fayetteville St		
City Raleigh	State NC	Zip 27601	City Raleigh	State NC	Zip 27601
Secretary Name William Douglass			Treasurer Name		
Street Address 421 Fayetteville St.			Street Address		
City Raleigh	State NC	Zip 27601	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jean-Pierre Sakey			Director Name		
Street Address 421 Fayetteville Street			Street Address		
City Raleigh	State NC	Zip 27601	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	Common		100	Common	

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
Joseph Yelenic
Print or Type Name

Date
1-18-07

VP
Title

File Date **FILED**
Check No. **JAN 28 2008**
By **DS-031913**
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