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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 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.	2. Name of Corporation
71409	SPECTRA TEMPS of R.I INC

3. Street Address Principal Business Office	City	State	Zip
260 W. EXCHANGE ST Suite 100	PROVIDENCE	RI	02903

4. Business Phone No.	5. State of Incorporation
401 521 4400	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
STAFFING Agency, Temporary and Permanent employees

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

President Name	Vice President Name
Ms. KERRY M. TRACEY	- NONE -
Street Address: 54 SCENERY LANE	Street Address:
City: JOHNSTON State: RI Zip: 02919	City: State: Zip:
Secretary Name	Treasurer Name
- NONE -	MR. JOSEPH ZWETCHKENBAUM
Street Address:	Street Address: 220 LORIMER AVE.
City: State: Zip:	City: PROVIDENCE State: RI Zip: 02906

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

Director Name	Director Name
- [redacted] -	- [redacted] -
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	Director Name
KERRY M TRACEY	JOSEPH A ZWETCHKENBAUM
Street Address: [redacted] 54 SCENERY LANE	Street Address: 220 LORIMER AVE
City: JOHNSTON State: RI Zip: 02919	City: PROVIDENCE State: RI Zip: 02906

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
500	COMMON	NO PAR	500	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.

[redacted] [redacted]

FILED
File Date APR 09 2008
Check No. By 19116 1699
By:
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21657-54-250383

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.

Kerry M Tracey 3/26/2008
Signature *Date*

KERRY M. TRACEY
Print or Type Name

PRESIDENT
Title

[redacted]

Form 630 Rev. 12/06