



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 2009

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. <u>71409</u>		2. Name of Corporation <u>SPECTRA TEMPS OF RI INC</u>			
3. Street Address Principal Business Office <u>260 WEST EXCHANGE ST SUITE 100</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
4. Business Phone No. <u>401 521 4400</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>STAFFING</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>KERRY TRACEY</u>		Vice President Name			
Street Address <u>54 SCENERY LANE</u>		Street Address			
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name		Treasurer Name <u>JOSEPH A ZWETCHKENBAUM</u>			
Street Address		Street Address <u>220 LORIMER AVE</u>			
City	State	Zip	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>KERRY TRACEY</u>		Director Name			
Street Address <u>54 SCENERY LANE</u>		Street Address			
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Director Name <u>JOSEPH A. ZWETCHKENBAUM</u>		Director Name			
Street Address <u>220 LORIMER AVE</u>		Street Address			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
9. SHARES AUTHORIZED <u>500</u>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares <u>500</u>	Class/Series	Par Value <u>NO PAR</u>	

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.

File Date	<u>1-15-09</u>
Check No.	<u>2306</u>
By:	<u>MMC</u>
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.

Joseph A Zwetchkenbaum 1/14/09  
Signature Date  
JOSEPH A ZWETCHKENBAUM  
Print or Type Name  
TREASURER  
Title