



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. 86099		2. Name of Corporation Technology Temporary Services, Inc.			
3. Street Address Principal Business Office 59 Kelton Street			City Rehoboth	State MA	Zip 02769
4. Business Phone No. 508-809-6320		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Providing Technical Professionals to Business Electronic industry. Any form of business pertaining to High Tech Mfg.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John B. Clements			Vice President Name None		
Street Address 59 Kelton Street			Street Address None		
City Rehoboth	State MA	Zip 02769	City None	State None	Zip None
Secretary Name John B. Clements			Treasurer Name John B. Clements		
Street Address 59 Kelton Street			Street Address 59 Kelton Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John B. Clements			Director Name None		
Street Address 59 Kelton Street			Street Address None		
City Rehoboth	State MA	Zip 02769	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. SHARES AUTHORIZED			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 300	Class/Series Common	Par Value None

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 **FILED**

Check No. **JAN 20 2009**

By: **3319**

By \_\_\_\_\_ 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 **John Clements** Date **1-15-2009**

Print or Type Name **John CLEMENTS**

Title **PRESIDENT**