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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 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.	2. Name of Corporation		
000165139	S+P Temporary Help Services, Inc		
3. Street Address Principal Business Office	City	State	Zip
703 Washington Street, Suite H	South Attleboro	Ma	02703
4. Business Phone No.	5. State of Incorporation		
508-399-5343	Ma		

6. Brief Description of the Character of Business Conducted in Rhode Island
Conduct and operate a general temporary employment agency business

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

President Name	Vice President Name
Cheang Chea	- Same -
Street Address: 17 Florence Avenue	Street Address:
City: Lowell / State: Ma / Zip: 01851	City / State / Zip
Secretary Name: - Same -	Treasurer Name: - Same -
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name	Director Name
Cheang Chea	
Street Address: 17 Florence Avenue	Street Address
City: Lowell / State: Ma / Zip: 01851	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED 800 no par value

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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.

Number of Shares	Class/Series	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.

[redacted] [redacted]

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 _____ Date 10/01/09

CHEANG CHEA
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No.
By: OCT 01 2009
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Form 630 Rev. 08/08

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