



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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. 000139883		2. Name of Corporation AVID TECHNICAL RESOURCES, INC.			
3. Street Address Principal Business Office 185 DEVONSHIRE STREET, SUITE 100			City BOSTON		State MA
4. Business Phone No. 617 951-1882		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island STAFFING; PLACEMENT OF FULL TIME AND CONTRACT EMPLOYEES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN TOMASELLO			Vice President Name		
Street Address 185 DEVONSHIRE STREET, SUITE 100			Street Address		
City BOSTON	State MA	Zip 02110	City	State	Zip
Secretary Name BRIAN TOMASELLO			Treasurer Name BRIAN TOMASELLO		
Street Address 185 DEVONSHIRE STREET, SUITE 100			Street Address 185 DEVONSHIRE STREET, SUITE 100		
City BOSTON	State MA	Zip 02110	City BOSTON	State MA	Zip 02110
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BRIAN TOMASELLO			Director Name JOHN-PAUL TREACY		
Street Address 185 DEVONSHIRE STREET, SUITE 100			Street Address 185 DEVONSHIRE STREET, SUITE 100		
City BOSTON	State MA	Zip 02110	City BOSTON	State MA	Zip 02110
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 0	Class/Series COMMON	Par Value \$0.00

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.

FILED

~~MAY 09 2011~~

File Date _____ BY J. H. [Signature]
Check No. _____
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 _____

Date _____

BRIAN TOMASELLO

Print or Type Name

PRESIDENT

Title