



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 529210		2. Exact name of the Corporation MGA Employee Services Inc.			
3. Principal office address 2800 N. 44th St. #600			City Phoenix	State AZ	Zip 85008
4. Business Phone No. 602-508-1883			5. State of Incorporation AZ		
6. Brief description of the character of business conducted in Rhode Island Temporary Staffing Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Marc Wichansky			Vice-President Name David Zowine		
Street Address 2800 N. 44th St. #600			Street Address 2800 N. 44th St. #600		
City Phoenix	State AZ	Zip 85008	City Phoenix	State AZ	Zip 85008
Secretary Name David Zowine			Treasurer Name Marc Wichansky		
Street Address 2800 N. 44th St. #600			Street Address 2800 N. 44th St. #600		
City Phoenix	State AZ	Zip 85008	City Phoenix	State AZ	Zip 85008
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Marc Wichansky			Director Name David Zowine		
Street Address 2800 N. 44th St. #600			Street Address 2800 N. 44th St. #600		
City Phoenix	State AZ	Zip 85008	City Phoenix	State AZ	Zip 85008
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			none	n/a	0.00
			none	n/a	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

File Date: **FEB 13 2012**
 Checked by: **10227**
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.

Jennifer DePorzio
 Signature of Authorized Representative

02/03/2012
 Date

Jennifer DePorzio
 Print or Type Name of Authorized Representative