



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. 000106539		2. Exact name of the Corporation Hire Logic, Inc.		
3. Principal office address 125 Whipple Street		City Providence	State RI	Zip 02908
4. Business Phone No. (401) 273-4044		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Computer Consulting				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Robert Lanza		Vice-President Name		
Street Address 125 Whipple Street		Street Address		
City Providence	State RI	Zip 02908	City	State
Secretary Name		Treasurer Name Mark McPhillips		
Street Address		Street Address 125 Whipple Street		
City	State	Zip	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name Robert Lanza		Director Name		
Street Address 125 Whipple Street		Street Address		
City Providence	State RI	Zip 02908	City	State
Director Name Mark McPhillips		Director Name		
Street Address 125 Whipple Street		Street Address		
City Providence	State RI	Zip 02908	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		60	A	No Par value
		120	B	No par Value

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED 1140

FEB 28 2012

BY **02-164753**

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.

Mark McPhillips
Signature of Authorized Representative

2/28/12
Date

Print or Type Name of Authorized Representative