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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.	2. Exact name of the Corporation		
647911	Tandem Professional Employer Services II, Inc.		
3. Principal office address: 915 Harger Road, Suite 300	City: Oak Brook	State: IL	Zip: 60523
4. Business Phone No.: 630-928-0510	5. State of Incorporation: IL		
6. Brief description of the character of business conducted in Rhode Island: Management of Physical Therapy Clinics			

7. LIST ALL OFFICERS' NAMES AND ADDRESSES (X BOX FOR ATTACHMENT) ☐

President Name: Bruce Leon			Vice-President Name: None		
Street Address: 915 Harger Road, Suite 300			Street Address:		
City: Oak Brook	State: IL	Zip: 60523	City:	State:	Zip:
Secretary Name: None			Treasurer Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. LIST ALL DIRECTORS' NAMES AND ADDRESSES (X BOX FOR ATTACHMENT) ☐

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: None			Director Name: None		
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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	CNP	$0

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.

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.

2/20/12
Signature of Authorized Representative — Date

Bruce Leon
Print or Type Name of Authorized Representative

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 27 2012
By

CK # 11004

Form No. 630
Revised: 01/2012

73813-32-731195