



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

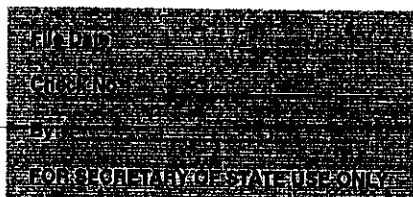
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 647911		2. Exact name of the Corporation 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					
OFFICERS (NAME AND ADDRESS BY BOX OR 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
DIRECTORS (NAME AND ADDRESS BY BOX OR 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
SHARES AUTHORIZED					
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	
SHARES ISSUED (BY BOX OR ATTACHMENT)					
NUMBER OF SHARES		CLASS/SERIES		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.



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 of Authorized Representative

Date

Bruce Leon

Print or Type Name of Authorized Representative

FEB 27 2012

By *mmc*
CR # 11004