



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. <u>488812</u>		2. Exact name of the Corporation <u>O Services Company</u>			
3. Principal office address <u>8837 Bond Street</u>			City <u>Overland Park</u>	State <u>Ks</u>	Zip <u>66214</u>
4. Business Phone No. <u>913-754-3327</u>		5. State of Incorporation <u>Nevada</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Payroll Services</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>John P. Cinelli</u>			Vice-President Name <u>Ed Corr</u>		
Street Address <u>3701 Communications Way</u>			Street Address <u>8837 Bond Street</u>		
City <u>Evansville</u>	State <u>IN</u>	Zip <u>47715</u>	City <u>Overland Park</u>	State <u>Ks</u>	Zip <u>66214</u>
Secretary Name <u>John Campbell</u>			Treasurer Name <u>John Weber</u>		
Street Address <u>8837 Bond Street</u>			Street Address <u>8837 Bond Street</u>		
City <u>Overland Park</u>	State <u>Ks</u>	Zip <u>66214</u>	City <u>Overland Park</u>	State <u>Ks</u>	Zip <u>66214</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Albert Cinelli</u>			Director Name <u>John Cinelli</u>		
Street Address <u>8837 Bond Street</u>			Street Address <u>3701 Communications Way</u>		
City <u>Overland Park</u>	State <u>Ks</u>	Zip <u>66214</u>	City <u>Evansville</u>	State <u>IN</u>	Zip <u>47715</u>
Director Name <u>John Weber</u>			Director Name		
Street Address <u>8837 Bond Street</u>			Street Address		
City <u>Overland Park</u>	State <u>Ks</u>	Zip <u>66214</u>	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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
			<u>1000</u>	<u>Common</u>	<u>.01</u>

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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: _____

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.

Ed Corr
 Signature of Authorized Representative
 Date 3/16/2012

FILED

Ed Corr, Vice President Tax
 Print or Type Name of Authorized Representative

MAR 26 2012
 By 167172
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