



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

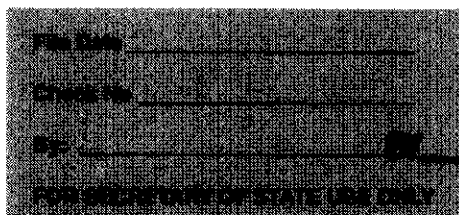
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 537722		2. Exact name of the Corporation Global Solutions, Inc.			
3. Principal office address 108 Twin Oak Drive		City Warwick		State RI	Zip 02889
4. Business Phone No. 401-738-6571		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Leasing of employees in the computer fields.					
7. LIST ALL OFFICERS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) ☐					
President Name Gail S. Shaw			Vice-President Name		
Street Address 108 Twin Oak Drive			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. STATE 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
			1000	CNP	\$0.000

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

JUN 06 2012

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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.

Gail S. Shaw
Signature of Authorized Representative

6/4/2012
Date

Gail S. Shaw

Print or Type Name of Authorized Representative