

# State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Fee: \$50.00

Providence RI 02904-2615 (401) 222-3040

# Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000159849

2. Name of Corporation Biomedical Personnel Services Inc.

3. Street Address Principal Business Office:

No. and Street: 645 BALTIMORE-ANNAPOLIS BOULEVARD,

**SUITE 217** 

City or Town: SEVERNA PARK State: MD Zip: 21146Country: USA

4. Business Phone No.

410-544-7725

5. State of Incorporation

State: MD

6. Brief Description of the Character of Business Conducted in Rhode Island

### **HUMAN RESOURCE SERVICES**

#### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MAUREEN RODEN	13 LUNA LANE SEVERNA PARK, MD 21146- USA	
DIRECTOR	MAUREEN RODEN	13 LUNA LANE SEVERNA PARK, MD 21146 US	

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$1.0000	5,000.00	5000

9. 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.

**Signed this 18 Day of January, 2013 at 11:57:41 AM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By MAUREEN RODEN

Signature of Authorized Representative of the Corporation

### **PRESIDENT**

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved