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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 2013

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
131105	ENVIRO TEMPS, INC

3. Principal office address	City	State	Zip
541 HARTFORD AVE	PROVIDENCE	RI	02909

4. Business Phone No.	5. State of Incorporation
401 831-7110	R.I.

6. Brief description of the character of business conducted in Rhode Island
TO SERVE AS A TEMPORARY EMPLOYMENT SERVICE

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

President Name	Street Address	City	State	Zip
MARIE L. PALUMBO	3 DARIO DR	LINCOLN	RI	02865

Vice-President Name	Street Address	City	State	Zip
VICTOR A. REY	4 GRANDSTAND DR	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
VICTOR A. REY	4 GRANDSTAND DR	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
MARIE L. PALUMBO	3 DARIO DR	LINCOLN	RI	02865

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

Director Name	Street Address	City	State	Zip
MARIE L. PALUMBO	3 DARIO DR	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
VICTOR A. REY	4 GRANDSTAND DR	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. 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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	STK	0.00

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: _____

FILED
JAN 23 2013
BY 3238

FOR SECRETARY OF STATE USE ONLY

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.

Marie Palumbo 01/18/2013
Signature of Authorized Representative Date

MARIE L. PALUMBO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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