



**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. <b>159948</b>		2. Exact name of the Corporation <b>Stafflink Outsourcing IV, Inc.</b>			
3. Principal office address <b>1776 N. Pine Island Rd. Ste 108</b>			City <b>Plantation</b>	State <b>FL</b>	Zip <b>33322</b>
4. Business Phone No. <b>954-423-8262</b>			5. State of Incorporation <b>Florida</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Employee Leasing Company</b>					
President Name <b>Abram Finkelstein</b>			Vice-President Name <b>None</b>		
Street Address <b>1776 N. Pine Island Rd. Ste 108</b>			Street Address		
City <b>Plantation</b>	State <b>FL</b>	Zip <b>33322</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>Abram Finkelstein</b>			Director Name <b>None</b>		
Street Address <b>1776 N. Pine Island Rd. Ste 108</b>			Street Address		
City <b>Plantation</b>	State <b>FL</b>	Zip <b>33322</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	CWP	1.00

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.

**FILED**

JAN 25 2013

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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.

01/16/2013

Signature of Authorized Representative

Date

**Frederica Simms**

Print or Type Name of Authorized Representative