



**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>					
<b>President Name</b> <b>Abram Finkelstein</b>					
<b>Vice-President Name</b> <b>None</b>					
<b>Street Address</b> <b>1776 N. Pine Island Rd. Ste 108</b>					
<b>City</b> <b>Plantation</b>		<b>State</b> <b>FL</b>	<b>Zip</b> <b>33322</b>		
<b>Secretary Name</b> <b>None</b>					
<b>Treasurer Name</b> <b>None</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>		
<b>Director Name</b> <b>Abram Finkelstein</b>					
<b>Director Name</b> <b>None</b>					
<b>Street Address</b> <b>1776 N. Pine Island Rd. Ste 108</b>					
<b>City</b> <b>Plantation</b>		<b>State</b> <b>FL</b>	<b>Zip</b> <b>33322</b>		
<b>Director Name</b> <b>None</b>					
<b>Director Name</b> <b>None</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>		
<b>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.</b>					
<b>NUMBER OF SHARES</b>		<b>CLASS/SERIES</b>		<b>PAR VALUE</b>	
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