



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