



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. 000736946		2. Exact name of the Corporation American Safety Staffing Agency Incorporated			
3. Principal office address 1117 Douglas Aveune			City North Providence	State RI	Zip 02904
4. Business Phone No. 401-273-6900			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Healthcare provider staffing agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Albert Peterson			Vice-President Name		
Street Address 28 Forest View Drive			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	STK	0.01

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

File Date _____

Check No _____

BY: _____

FEB 21 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.

Albert Peterson
 Signature of Authorized Representative

02/07/2013
 Date

FOR SECRETARY OF STATE USE ONLY

Albert Peterson
 Print or Type Name of Authorized Representative