



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. 000790790		2. Exact name of the Corporation STAFF-LINE INC	
3. Principal office address 53 ACADEMY ST		City POUGHKEEPSIE NY	State NY
4. Business Phone No. 845-471-1200		5. State of Incorporation NEW YORK	
6. Brief description of the character of business conducted in Rhode Island EMPLOYEE LEASING FOR 6 MONTHS ONLY. TRYING TO CLOSE ACCT			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name DEAN DOMENICO		Vice-President Name PETER DELANEY	
Street Address 37 FLOWER HILL RD		Street Address 7 OAK COURT	
City POUGHKEEPSIE NY	State NY	City POUGHKEEPSIE NY	State NY
Zip 12603		Zip 12603	
Secretary Name PETER DELANEY		Treasurer Name 37 FLOWER HILL RD	
Street Address 7 OAK COURT		Street Address DEAN DOMENICO	
City POUGHKEEPSIE NY	State NY	City POUGHKEEPSIE NY	State NY
Zip 12603		Zip 12603	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
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
		200	COMMON
		PAR VALUE	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: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY  
BY 34016

FILED

JUN 21 2013

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.

Signature of Authorized Representative  
Peter Delaney

Date  
6/19/13

Print or Type Name of Authorized Representative