



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	Zip 12601
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	Zip 12603	City POUGHKEEPSIE NY	State NY	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	Zip 12603	City POUGHKEEPSIE NY	State NY	Zip 12603
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
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)		
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
			200	COMMON	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: Peter Delaney