



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 2012

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. 000114518		2. Exact name of the Corporation Right Management Inc.		
3. Principal office address 1617 John F. Kennedy Blvd, #800		City Philadelphia	State PA	Zip 19103
4. Business Phone No. 215-640-7184		5. State of Incorporation Pennsylvania		
6. Brief description of the character of business conducted in Rhode Island Consulting and talent management services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)				
President Name Owen Sullivan		Vice-President Name		
Street Address 8113 W Wisconsin Ave		Street Address		
City Wauwatosa	State WI	Zip 53213	City	State
Secretary Name Cara Braslow		Treasurer Name Jeffrey Docalavich		
Street Address 526 Kenmore Rd		Street Address 13350 N Silver Fox Dr		
City Merion Station	State PA	Zip 19066	City Mequon	State WI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)				
Director Name Owen Sullivan		Director Name Cara Braslow		
Street Address 8113 W Wisconsin Ave		Street Address 526 Kenmore Rd		
City Wauwatosa	State WI	Zip 53213	City Merion Station	State PA
Director Name Jeffrey Docalavich		Director Name		
Street Address 13350 N Silver Fox Dr		Street Address		
City Mequon	State WI	Zip 53097	City	State
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
		754	Common	0.00

2013 OCT 28 PM 1:01
 SECRETARY OF STATE
 CORPORATIONS DIV

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

FILED
OCT 28 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: *[Signature]* Date: **10-25-13**
Suzanne Burow, Business Law Paralegal
 Print or Type Name of Authorized Representative

By **49-209305**
A.A. 1:01 p.m.