



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 2014

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. 124662		2. Exact name of the Corporation HR Technology Solutions, Inc.			
3. Principal office address 1 Richmond Square, Ste. 222W		City Providence		State RI	Zip 02906
4. Business Phone No. 401.272.5353		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Vendor of online talent management software tools and human resource consulting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert A. Levy			Vice-President Name None		
Street Address 78 Cambria Court			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Robert A. Levy			Treasurer Name Margaret R. Levy		
Street Address 78 Cambria Court			Street Address 78 Cambria Court		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert A. Levy			Director Name Herbert S. Alexander		
Street Address 78 Cambria Court			Street Address 5 Baldwin Court		
City Pawtucket	State RI	Zip 02860	City Westborough	State MA	Zip 01581
Director Name Margaret R. Levy			Director Name Matthew R. Levy		
Street Address 78 Cambria Court			Street Address 4429 North Illinois Street		
City Pawtucket	State RI	Zip 02860	City Indianapolis	State IN	Zip 46208
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
			1,602,000	Common	\$.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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Robert A. Levy

01/07/2014

Signature of Authorized Representative

Date

Robert A. Levy

Print or Type Name of Authorized Representative

FILED

JAN 08 2014

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