



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. 000099990		2. Exact name of the Corporation RDH Temps, Inc.			
3. Principal office address 10 MACOMBER DRIVE		City YARMOUTH PORT	State MA	Zip 02675	
4. Business Phone No. 508-394-7056		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island DENTAL STAFFING SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KERRY A. BASTOW			Vice-President Name		
Street Address 157 PARKER ROAD			Street Address		
City FRAMINGHAM	State MA	Zip 01702	City	State	Zip
Secretary Name KERRY A. BASTOW			Treasurer Name KERRY A. BASTOW		
Street Address 157 PARKER ROAD			Street Address 157 PARKER ROAD		
City FRAMINGHAM	State MA	Zip 01702	City FRAMINGHAM	State MA	Zip 01702
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KERRY A. BASTOW			Director Name		
Street Address 157 PARKER ROAD			Street Address		
City FRAMINGHAM	State MA	Zip 01702	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"/>					
NUMBER OF SHARES 150		CLASS/SERIES CNP		PAR VALUE φ	

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.

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

FEB 06 2014

H9-216615

A-A-10:02AM

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

Date

2/4/14

KERRY A. BASTOW
Print or Type Name of Authorized Representative