



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.

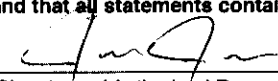
1. Entity ID No. 000699222		2. Exact name of the Corporation Career Connections Staffing Services, Inc.				
3. Principal office address 26260 Center Ridge Rd			City Westlake	State OH	Zip 44145	
4. Business Phone No. 440-471-8210			5. State of Incorporation OH			
6. Brief description of the character of business conducted in Rhode Island Computer Consulting; Administrative Support Services						
7. LIST ALL OFFICERS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Beverly Sandvick			Vice-President Name Jon Jones			
Street Address 26260 Center Ridge Rd			Street Address 26260 Center Ridge Rd			
City Westlake	State OH	Zip 44145	City Westlake	State OH	Zip 44145	
Secretary Name Beverly Sandvick			Treasurer Name Beverly Sandvick			
Street Address 26260 Center Ridge Rd			Street Address 26260 Center Ridge Rd			
City Westlake	State OH	Zip 44145	City Westlake	State OH	Zip 44145	
8. LIST ALL DIRECTORS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Beverly Sandvick			Director Name			
Street Address 26260 Center Ridge Rd			Street Address			
City Westlake	State OH	Zip 44145	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED <input type="checkbox"/>						
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
				850	Common	0.01
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						

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.

FILED

FEB 11 2014
40368

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 2/11/14

Print or Type Name of Authorized Representative