



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. 113698		2. Exact name of the Corporation Judge Technical Services, Inc.			
3. Principal office address 300 Conshohocken State Rd., Ste. 300		City W. Conshohocken	State PA	Zip 19428	
4. Business Phone No. 610-667-7700		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island Employment Staffing Company					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Brian Anderson			Vice-President Name		
Street Address 300 Conshohocken State Rd., Ste. 300			Street Address		
City W. Conshohocken	State PA	Zip 19428	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Martin E. Judge, Jr.			Director Name Michael A. Dunn		
Street Address 300 Conshohocken State Rd., Ste. 300			Street Address 300 Conshohocken State Rd., Ste. 300		
City W. Conshohocken	State PA	Zip 19428	City W. Conshohocken	State PA	Zip 19428
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
			1000	Common	\$0.01

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CORPORATIONS DIV
SECRETARY OF STATE

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

FILED

MAR 03 2014

BY CR 21888

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

Print or Type Name of Authorized Representative