



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

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 506528		2. Exact name of the Corporation Management Resource Systems, Inc.			
3. Principal office address 1907 Baker road			City High Point	State NC	Zip 27263
4. Business Phone No. 336-861-1960		5. State of Incorporation NC			
6. Brief description of the character of business conducted in Rhode Island General Contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael L. Swaim Sr			Vice-President Name Douglas W Marion		
Street Address 1907 Baker Road			Street Address 395 Bent Creek Trail		
City High Point	State NC	Zip 27263	City Kernersville	State NC	Zip 27284
Secretary Name Douglas W Marion			Treasurer Name Michael L. Swaim Sr		
Street Address 395 Bent Creek Trail			Street Address 1907 Baker Road		
City Kernersville	State NC	Zip 27284	City High Point	State NC	Zip 27263
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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"/>		
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
			100000	Common	\$1

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 STATE OF RHODE ISLAND
 DIVISION OF BUSINESS SERVICES

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
 MAY 23 2014
 224879
 1:46

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.

Michael L. Swaim Sr 05/19/2014
 Signature of Authorized Representative Date
 Michael L. Swaim, Sr.
 Print or Type Name of Authorized Representative