RI SOS Filing Number: 201440820360 Date: 06/11/2014 10:55 AM

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.	2. Exact name of the Corporation		
000158750	Smart Staffing Service, Inc		
3. Principal office address: 132 Central St Ste 210	City: Foxboro	State: MA	Zip: 02035
4. Business Phone No.: 508-618-9988	5. State of Incorporation: MA		

6. Brief description of the character of business conducted in Rhode Island
Employee Staffing

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7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒

President Name: Craig Provost			Vice-President Name: Craig Provost		
Street Address: 214 Southern Hill Drive			Street Address: "Same"		
City: Johnscreek	State: GA	Zip: 30097	City:	State:	Zip:
Secretary Name: Amelie Provost			Treasurer Name: Craig Provost		
Street Address: 214 Southern Hill Drive			Street Address: "Same"		
City: Johnscreek	State: GA	Zip: 30097	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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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
	1,000	Common	$ 0

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

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JUN 11 2014
BY CM 22622
10:55

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: 4/24/14

Jennifer Salvatore Office Mgr
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
108094-3-960465

158750

Title	Individual Name First, Middle, Last, Suffix	Address
		216 Southern Hill Dr. Johnscreek GA 30097
CFO	Craig Provost	USA