



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 654181		2. Exact name of the Corporation RI STAFFING			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island RI Staffing is an association of member firms which provide temporary and direct hire staffing to businesses, service organizations and government and public entities.			
5. Principal office address 806 Reservoir Ave.		City Cranston	State RI	Zip 02910	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bethany Gold Kroll		Vice-President Name Brian Leite			
Street Address One Richmond Square, Suite 150		Street Address 125 Whipple St			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02908
Secretary Name James Ferry		Treasurer Name Mark Murtagh			
Street Address 205 Hallene Rd, Unit #211		Street Address 806 Reservoir Ave			
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02910
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SCOTT Seaback		Director Name Susan Fabrizio			
Street Address 56 Maple St		Street Address 941 Park Ave			
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02910
Director Name Jessica Wall		Director Name			
Street Address 284 West Exchange St		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

By **243573**

1:07 pm
FILED

MAR 02 2015

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 Officer or Authorized Representative

Date

2-25-15

Print or Type Name of Officer or Authorized Representative