



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 2015

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. <u>40180</u>		2. Exact name of the Corporation <u>NUCENT PERSONNEL LTD Inc</u>			
3. Principal office address <u>P.O. Box 57</u>		City <u>East Greenwich</u>		State <u>RI</u>	Zip <u>02818</u>
4. Business Phone No. <u>401-398-0603</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>Personnel Agency</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Vicent NUCENT</u>			Vice-President Name		
Street Address <u>85 CAVALIER DR</u>			Street Address		
City <u>EG</u>	State <u>RI</u>	Zip <u>02818</u>	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 <u>Same</u>			Director Name <u>Same</u>		
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 <u>1005 Shares No Par Value</u>					
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 <u>None</u>		CLASS/SERIES		PAR VALUE	

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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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.

Vicent NUCENT 2-10-15
Signature of Authorized Representative Date
Vicent W. NUCENT
Print or Type Name of Authorized Representative