



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. 13608		2. Exact name of the Corporation Staffall, Inc.			
3. Principal office address 1465 Elmwood Avenue		City Cranston	State RI	Zip 02910	
4. Business Phone No. (401) 461-5554		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture electronic hardware industry					
President Name Ernest Crivellone					
Vice-President Name Diane Yingling					
Street Address 596 Woonasquatucket Avenue			Street Address 12 Garden Hills Parkway		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
Secretary Name Ernest Crivellone			Treasurer Name Ernest Crivellone		
Street Address 596 Woonasquatucket Avenue			Street Address 596 Woonasquatucket Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name Ernest Crivellone					
Director Name Diane Yingling					
Street Address 596 Woonasquatucket Avenue			Street Address 12 Garden Hills Parkway		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
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
			4,275	common	none

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

MAR 26 2015

By 26406

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.

Ernest Crivellone
Signature of Authorized Representative

2/14/15
Date

Ernest Crivellone

Print or Type Name of Authorized Representative