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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
511321	DEBBIE'S STAFFING SERVICES INC

3. Principal office address	City	State	Zip
4431 N CHERRY STREET	WINSTON-SALEM	NC	27105

4. Business Phone No.	5. State of Incorporation
336-744-2393	NORTH CAROLINA

6. Brief description of the character of business conducted in Rhode Island
TEMPORARY EMPLOYMENT

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

President Name	Street Address	City	State	Zip
HEINZ LITTLE	4431 N CHERRY STREET	WINSTON-SALEM	NC	27105

Vice-President Name	Street Address	City	State	Zip
DEBORAH LITTLE, CEO	4431 N CHERRY STREET	WINSTON-SALEM	NC	27105

Secretary Name	Street Address	City	State	Zip
LORI AARON, VICE PRESIDENT OF FINANCE	4431 N CHERRY STREET	WINSTON-SALEM	NC	27105

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100000	COMMON	

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 9:43 AM
Check No
By:
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AUG 28 2015
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By KM

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.

Lori J Aaron 7/28/15 06/02/2015
Signature of Authorized Representative Date

LORI AARON
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012 124284-3-1043673