

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 2013

1. Entity ID No. 511321	I	2. Exact name of the Corporation DEBBIE'S STAFFING SERVICES INC						
3. Principal office address			City	Stat	3	Zip		
4431 N CHERRY STREET			WINSTON-SALE	M NC	NC 27105			
4. Business Phone No. 336-744-2393			5. State of Incorporation NORTH CAROLINA					
6. Brief description of the char TEMPORARY EMPLO		s conducted in Rhode Island	1	- N		دی		
7. LIST ALL OFFICERS (NA	VES AND ADDI	RESSES) ("X" ROX FOR A	ACHMENT COM			<u> </u>		
President Name HEINZ LITTLE			Vice-President Name DEBORAH LITTLE, CEO			NG.	行行 第5	
Street Address 4431 N CHERRY STRI	Street Address 4431 N CHERRY STREET				4			
City WINSTON-SALEM	State NC	Zip 27105	City State NC			Zip 27105	OC Oc	
ecretary Name LORI AARON			Treasurer Name					
Street Address 4431 N CHERRY STREET			Street Address					
City WINSTON-SALEM	State NC	Zip 27105	City State)	Zip 2	4 🙃	
8. LIST <u>all</u> directors (N	AMES AND ADI	PRESSES) ("X" BOX FOR	ATTACHMENT)	V. S. J. V. S.	1 - A		UIT.	
Director Name			Director Name				33	
Street Address			Street Address					
City	State	Zip	City	State	9	Zip vo	<u> </u>	
Director Name	·		Director Name	- <u> </u>	`	00	र नि	
Street Address			Street Address					
City	State	Zip	City	State		Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR	ATTACHME	NT)		
			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	COMM	ION			
See Section 5 of Mistraction	siieet.							
This report must be executed	on behalf of the this report mu	corporation by an authorize ust be executed on behalf of	nd representative. If the control the corporation by the re	corporation is in to	ne hands of	a receiver or tr	ustee,	
File Date	The second secon	9:42 AM	Under penalty of pe this report, includir and that all stateme	ig any accompa	nying sche	dules and sta	tements,	
Check No	The second secon	FILED	doni 2	arnen		18/15	•	
By:			Signature of Authorized Representative Date					
FOR SECRETARY OF STAT	A - A - A - A - A - A - A - A - A - A -	AUG 2 8 2015	LORI AARON					
Form No. 630 Revised: 01/2012	By	<i>255438</i>	Print or Type Name	of Authorized Re	presentative)		