



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

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. 511321		2. Exact name of the Corporation DEBBIE'S STAFFING SERVICES INC			
3. Principal office address 4431 N CHERRY STREET		City WINSTON-SALEM	State NC	Zip 27105	
4. Business Phone No. 336-744-2393		5. State of Incorporation 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 HEINZ LITTLE			Vice-President Name DEBORAH LITTLE, CEO		
Street Address 4431 N CHERRY STREET			Street Address 4431 N CHERRY STREET		
City WINSTON-SALEM	State NC	Zip 27105	City WINSTON-SALEM	State NC	Zip 27105
Secretary Name LORI AARON			Treasurer Name		
Street Address 4431 N CHERRY STREET			Street Address		
City WINSTON-SALEM	State NC	Zip 27105	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
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			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
			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

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

9:42 AM
FILED

AUG 28 2015

By 255438

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 Aaron 4/8/15

Signature of Authorized Representative

Date

LORI AARON

Print or Type Name of Authorized Representative

KM