



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 2016

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. 941735		2. Exact name of the Corporation WorkforceRI, Inc.			
3. Principal office address 952 Plainfield Street, #3		City Johnston		State RI	Zip 02919
4. Business Phone No. 401.241.4570		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Professional Placement Services					
President Name Andrew Wilkes			Vice-President Name		
Street Address 952 Plainfield Street, #3			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Andrew Wilkes			Treasurer Name Andrew Wilkes		
Street Address 952 Plainfield Street, #3			Street Address 952 Plainfield Street, #3		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Andrew Wilkes			Director Name		
Street Address 952 Plainfield Street, #3			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 200	CLASS/SERIES Common	PAR VALUE No Par

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.

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.

Andrew Wilkes 1-5-16
Signature of Authorized Representative Date

Andrew Wilkes

Print or Type Name of Authorized Representative

FILED

JAN 26 2016

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