



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. 63635		2. Exact name of the Corporation PERSONNEL & PAYROLL, INC.						
3. Principal office address 300 WAMPANOAG TRAIL		City EAST PROVIDENCE		State RI	Zip 02915			
4. Business Phone No. 401-435-3650		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island LEASING OF PERSONNEL FOR EMPLOYMENT IN FULL AND PART-TIME POSITIONS								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name ROBERT A. MEGA			Vice-President Name					
Street Address 300 WAMPANOAG TRAIL			Street Address					
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip			
Secretary Name WILLIAM A. MEGA			Treasurer Name A. JOSEPH MEGA					
Street Address 300 WAMPANOAG TRAIL			Street Address 300 WAMPANOAG TRAIL					
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
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) <input type="checkbox"/>								
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
						300	COMMON	NO PAR VALUE

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.

Signature of Authorized Representative

Date

ROBERT A. MEGA

Print or Type Name of Authorized Representative

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 29 2016

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