



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. 1095523		2. Exact name of the Corporation IMC Solutions, Inc.			
3. Principal office address 1807 S. Washington Suite 110-395		City Naperville	State IL	Zip 60565	
4. Business Phone No. 630-637-6200		5. State of Incorporation Illinois			
6. Brief description of the character of business conducted in Rhode Island Recruiting and staffing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda L. Nicholls			Vice-President Name Linda L. Nicholls		
Street Address 1807 S. Washington Suite 110-395			Street Address 1807 S. Washington Suite 110-395		
City Naperville	State IL	Zip 60565	City Naperville	State IL	Zip 60565
Secretary Name Linda L. Nicholls			Treasurer Name Linda L. Nicholls		
Street Address 1807 S. Washington Suite 110-395			Street Address 1807 S. Washington Suite 110-395		
City Naperville	State IL	Zip 60565	City Naperville	State IL	Zip 60565
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
			100	COMMON	00

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

FILED

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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.

Linda L. Nicholls
Signature of Authorized Representative

01/27/2016

Date

Linda L. Nicholls

Print or Type Name of Authorized Representative