



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. 16532		2. Exact name of the Corporation R.I. Temps. Inc.			
3. Principal office address 56 Maple Street			City Warwick	State RI	Zip 02888
4. Business Phone No. (401) 781-8400			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Maintain an employment agency, providing both temporary and permanent employees.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Diane Seaback Martin			Vice-President Name Scott Seaback		
Street Address 14 Rip Van Winkle Cove			Street Address 40 Schooner Cove Road		
City Warwick	State RI	Zip 02886	City Narragansett	State RI	Zip 02882
Secretary Name Diane Seaback Martin			Treasurer Name Diane Seaback Martin		
Street Address 14 Rip Van Winkle Cove			Street Address 14 Rip Van Winkle Cove		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Diane Seaback Martin			Director Name		
Street Address 14 Rip Van Winkle Cove			Street Address		
City Warwick	State RI	Zip 02886	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
			110	Common	None

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

FEB 11 2016

BY 011923

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.

Diane Seaback Martin 1/27/16
 Signature of Authorized Representative Date

Diane Seaback Martin

Print or Type Name of Authorized Representative