



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. 271438		2. Exact name of the Corporation Insurance Staffers, Inc.			
3. Principal office address 30 W Monroe Street, Floor 15		City Chicago		State IL	Zip 60603
4. Business Phone No. 312-726-1578		5. State of Incorporation IL			
6. Brief description of the character of business conducted in Rhode Island Temporary employment services for insurance companies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gregory Jacobson		Vice-President Name			
Street Address 30 W Monroe Street, Floor 15		Street Address			
City Chicago	State IL	Zip 60603	City	State	Zip
Secretary Name Richard Jacobson		Treasurer Name			
Street Address 30 W Monroe Street, Floor 15		Street Address			
City Chicago	State IL	Zip 60603	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David Coons		Director Name Brad Whatley			
Street Address 30 W Monroe Street, Floor 15		Street Address 30 W Monroe Street, Floor 15			
City Chicago	State IL	Zip 60603	City Chicago	State IL	Zip 60603
Director Name Abbe Sodikoff		Director Name			
Street Address 30 W Monroe Street, Floor 15		Street Address			
City Chicago	State IL	Zip 60603	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	
		1,250.00	Common	0.00	

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
MAR 03 2016

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

Richard Jacobson

Print or Type Name of Authorized Representative

2/29/16
Date