



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. 001011436		2. Exact name of the Corporation KFORCE SERVICES CORP			
3. Principal office address 1001 E PALM AVENUE		City TAMPA	State FL	Zip 33605	
4. Business Phone No. 813-552-5000		5. State of Incorporation FLORIDA			
6. Brief description of the character of business conducted in Rhode Island BUSINESS SUPPORT SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name DAVE KELLY			Vice-President Name JEFF HACKMAN		
Street Address 1001 E PALM AVENUE			Street Address 1001 E PALM AVENUE		
City TAMPA	State FL	Zip 33605	City TAMPA	State FL	Zip 33605
Secretary Name PETE FRANKE			Treasurer Name ED SOTO		
Street Address 1001 E PALM AVENUE			Street Address 1001 E PALM AVENUE		
City TAMPA	State FL	Zip 33605	City TAMPA	State FL	Zip 33605
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name JOE LIBERATORE			Director Name DAVE KELLY		
Street Address 1001 E PALM AVENUE			Street Address 1001 E PALM AVENUE		
City TAMPA	State FL	Zip 33605	City TAMPA	State FL	Zip 33605
Director Name JEFF HACKMAN			Director Name		
Street Address 1001 E PALM AVENUE			Street Address		
City TAMPA	State FL	Zip 33605	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	CWP	.01

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

Form No. 630
Revised: 01/2012

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
ED SOTO

03/02/2016

Date

Print or Type Name of Authorized Representative

FILED

MAR 18 2016

By: 210370
A.A. 10:10 A.M.

KFORCE[®]

Services Corp.

FEIN: 20-8022045

List of Officers & Directors

Joe Liberatore

Director/Chairman
1001 E Palm Ave.
Tampa, FL 33605
149-66-3453

Sara Nichols

Vice President
1001 E Palm Ave.
Tampa, FL 33605
424-84-9105

David Kelly

Director/President
1001 E Palm Ave.
Tampa, FL 33605
358-42-0739

Edwin Soto

Treasurer
1001 E Palm Ave.
Tampa, FL 33605
066-64-6732

Jeff Hackman

Director/SVP
1001 E Palm Ave.
Tampa, FL 33605
400-17-9964

Pete Franke

Secretary
1001 E Palm Ave.
Tampa, FL 33605
147-76-9909