



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. 154950		2. Exact name of the Corporation AUTOMOTIVE PERSONNEL AGENCY OF RHODE ISLAND, INC			
3. Principal office address 426 LEISURE DRIVE		City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. 401-783-0474		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PERSONNEL PLACEMENTS AND MEDICARE INSURANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ELEANOR DANIELSKI			Vice-President Name MATHEW FERRUCCI		
Street Address 426 LEISURE DR			Street Address 426 LEISURE DRIVE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name ELEANOR DANIELSKI			Director Name MATHEW FERRUCCI		
Street Address 426 LEISURE DR			Street Address 426 LEISURE DRIVE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			5000		\$1.00

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 18 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.

Matthieu Ferrucci 03/15/2016
Signature of Authorized Representative Date
MATHEW FERRUCCI
Print or Type Name of Authorized Representative

2802