



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000096242

2. Name of Corporation Maxim Healthcare Services, Inc.

3. Street Address Principal Business Office:

No. and Street: ATTN: TAX DEPARTMENT
7227 LEE DEFOREST DRIVE

City or Town: COLUMBIA

State: MD

Zip: 21046

Country: USA

4. Business Phone No.

4109101500

5. State of Incorporation

State: MD

6. Brief Description of the Character of Business Conducted in Rhode Island

TEMPORARY MEDICAL STAFFING. THE PAR VALUE OF THE AUTHORIZED SHARES IS
.0002

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM BUTZ	7227 LEE DEFOREST DR COLUMBIA, MD 21046 USA
TREASURER	RAYMOND CARBONE	7227 LEE DEFOREST DR COLUMBIA, MD 21046 USA
SECRETARY	TONI-JEAN LISA	7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046-3236 USA
VICE PRESIDENT	RAYMOND CARBONE	7227 LEE DEFOREST DR

		COLUMBIA, MD 21046 USA
DIRECTOR	W. BRADLEY BENNETT	7227 LEE DEFOREST DR COLUMBIA, MD 21046 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0002	20,000,000.00	19023000

9. 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.

Signed this 28 Day of March, 2016 at 3:19:55 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RICHARD O'CONNOR
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved