



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE  
 CORPORATIONS  
**STAMP**

2016 AUG -4 AM 11:45  
 SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>1658849</b>		2. Exact name of the Corporation <b>WROTH SERVICES CORP</b>			
3. Principal Office Address <b>9 LORING ROAD</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
4. Business Phone Number <b>401-318-7336</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <i>--- / TO PROVIDE TEMPORARY STAFFING SERVICES</i>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILFRED E ROTH</b>			Vice-President Name		
Street Address <b>9 LORING ROAD</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name <b>WILFRED E ROTH</b>			Treasurer Name <b>WILFRED E ROTH</b>		
Street Address <b>9 LORING ROAD</b>			Street Address <b>9 LORING ROAD</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>WILFRED E ROTH</b>			Director Name		
Street Address <b>9 LORING ROAD</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200000</b>		<b>COMMON</b>	<b>.01</b>
11. 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. <i>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.</i>					
Name of Authorized Representative <i>WILFRED E. ROTH</i>					Date <i>7/21/2016</i>
Signature of Authorized Representative <i>W. E. Roth</i>					SIGN DOCUMENT HERE

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

AUG 04 2016

By *280029*

*A.A.*