



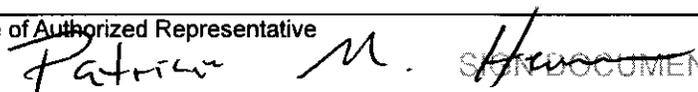
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

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

2016 SEP 29 AM 11:23
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number 000132543		2. Exact name of the Corporation Silverman McGovern Staffing, Incorporated			
3. Principal Office Address 284 West Exchange Street			City Providence	State RI	Zip 02903
4. Business Phone Number 401-632-0580			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF TEMPORARY AND PERMANENT JOB PLACEMENT, EMPLOYMENT SERVICES <input checked="" type="checkbox"/>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FAYE LISA SILVERMAN			Vice-President Name PATRICIA M. HERRON		
Street Address 284 WEST EXCHANGE STREET			Street Address 284 WEST EXCHANGE STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100.00		0.00000	
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 PATRICIA M. HERRON				Date 9/29/2016	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

SEP 29 2016

11:24

By C12195410

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