



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

FILED

JAN 06 2017

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Annual Report for the year: 2017
 Corporation

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

BY 1705

| | | | | | |
|--|--------------------|--|---|---------------------------|---------------------|
| 1. Entity ID Number 69195 | | 2. Exact name of the Corporation J+F Personnel Services | | | |
| 3. Principal Office Address 28 Cedar Swamp Rd | | | City Smithfield | State RI | Zip 02917 |
| 4. NAICS Code 62 | | 6. Brief description of the character of business conducted in Rhode Island Medical Office | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name John Cossi | | | Vice-President Name | | |
| Street Address 28 Cedar Swamp Rd | | | Street Address | | |
| City Smithfield | State RI | Zip 02917 | City | State | Zip |
| 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 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 0 | 0 | 0 | |
| 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. 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. | | | | | |
| Name of Authorized Representative Carley Mooney | | | | Date 12.30.2017 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |

MAIL TO:
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