RI SOS Filing Number: 201731167220 Date: 01/30/2017 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation			
134310	**Flagship Staffing Services Incorporated**			
3. Principal Office Address		City	State	Zip
941 Park Avenue		**Cranston**	**RI**	**02910**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	**Personnel Staffing, temporary and permanent placement**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Susan A. Fabrizio**			Vice-President Name **Susan A. Fabrizio**		
Street Address **941 Park Avenue**			Street Address **941 Park Avenue**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**
Secretary Name **Susan A. Fabrizio**			Treasurer Name **Susan A. Fabrizio**		
Street Address **941 Park Avenue**			Street Address **941 Park Avenue**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Susan A. Fabrizio**			Director Name		
Street Address **941 Park Avenue**			Street Address		
City **Cranston**	State **RI**	Zip **02910**	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5000	**stk**	**0.00**

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	Date
Susan A. Fabrizio	**FILED** 1/26/2017

Signature of Authorized Representative: Susan A. Fabrizio SIGN DOCUMENT HERE

JAN 30 2017

BY 32640

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 (401)521-3087718
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016