



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.

2017 JAN 27 AM 10:33  
 R.I. DEPT. OF STATE  
 BUSINESS SERVICES DIVISION

1. Entity ID Number <u>485564</u>		2. Exact name of the Corporation <u>OPTIMUM STAFFING INC.</u>			
3. Principal Office Address <u>3540 Seven Bridges Dr., STE. 300</u>		City <u>Woodridge</u>	State <u>IL</u>	Zip <u>60517</u>	
4. NAICS Code <u>48-49</u>		6. Brief description of the character of business conducted in Rhode Island <u>TEMPORARY LOGISTIC PROVIDER</u>			
5. State of Incorporation <u>ILLINOIS</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>RONALD P. FORMENTO JR.</u>		Vice-President Name <u>JONATHAN FORMENTO</u>			
Street Address <u>4512 PIPESTONE COURT</u>		Street Address <u>561 W. GLADYS STREET</u>			
City <u>NAPERVILLE</u>	State <u>IL</u>	Zip <u>60564</u>	City <u>ELMHURST</u>	State <u>IL</u>	Zip <u>60126</u>
Secretary Name <u>RICHARD HICKEY</u>		Treasurer Name <u>SOSAN PIPPENGER</u>			
Street Address <u>336 KEYSTONE</u>		Street Address <u>1475 GREEN LAKE DR.</u>			
City <u>RIVER FOREST</u>	State <u>IL</u>	Zip <u>60305</u>	City <u>AURORA</u>	State <u>IL</u>	Zip <u>60502</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>RONALD FORMENTO SR.</u>		Director Name <u>JULIE FORMENTO</u>			
Street Address <u>5110 WATER VISTA DR.</u>		Street Address <u>5110 WATER VISTA DR.</u>			
City <u>ORLANDO</u>	State <u>FL</u>	Zip <u>32821</u>	City <u>ORLANDO</u>	State <u>FL</u>	Zip <u>32821</u>
Director Name <u>CARL FORMENTO</u>		Director Name			
Street Address <u>2007 GLADSTONE DR.</u>		Street Address			
City <u>WHEATON</u>	State <u>IL</u>	Zip <u>60187</u>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>20,000</u>		<u>PRIVATELY HELD</u>	<u>N/A</u>
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 <u>Susan C Pippenger CFO</u>					Date <u>1/25/17</u>
Signature of Authorized Representative <u>Susan C Pippenger</u>					<b>FILED</b> 9:35

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

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