



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.

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 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 2017 JAN 27 AM 10:34

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 Woodridge</u>		City <u>IL</u>	State <u>IL</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>
Secretary Name <u>RICHARD HICKEY</u>		Treasurer Name <u>SUSAN 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>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>		9. Shares Authorized	
Director Name <u>RONALD FORMENTO SR.</u>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Street Address <u>5110 WATER VISTA DR.</u>		NUMBER OF SHARES	
City <u>ORLANDO</u>	State <u>FL</u>	Zip <u>32821</u>	CLASS/SERIES <u>PRIVATELY HELD</u>
Director Name <u>CARL FORMENTO</u>		PAR VALUE <u>N/A</u>	
Street Address <u>2007 GLADSTONE DR.</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.	
City <u>WHEATON</u>	State <u>IL</u>	Zip <u>60187</u>	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>		FILED 9:33	

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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 BY 485564
 FORM 630 - Revised: 10/2016