



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

Annual Report for the year: 2013  
 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  
 BUSINESS SERVICES DIVISION  
 2017 JAN 27 AM 10:34

1. Entity ID Number <b>485564</b>		2. Exact name of the Corporation <b>OPTIMUM STAFFING INC.</b>			
3. Principal Office Address <b>3540 Seven Bridges Dr. STS. 300</b>		City <b>Woodridge</b>	State <b>IL</b>	Zip <b>60517</b>	
4. NAICS Code <b>48-49</b>		6. Brief description of the character of business conducted in Rhode Island <b>TEMPORARY LOGISTIC PROVIDER</b>			
5. State of Incorporation <b>ILLINOIS</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RONALD P. FORMENTO JR.</b>			Vice-President Name <b>JONATHAN FORMENTO</b>		
Street Address <b>4512 PIPESTONE COURT</b>			Street Address <b>561 W. GLADYS STREET</b>		
City <b>NAPERVILLE</b>	State <b>IL</b>	Zip <b>60564</b>	City <b>ELMHURST</b>	State <b>IL</b>	Zip <b>60126</b>
Secretary Name <b>RICHARD HICKEY</b>			Treasurer Name <b>SUSAN PIPPENGER</b>		
Street Address <b>336 KEYSTONE</b>			Street Address <b>1475 GREEN LAKE DR.</b>		
City <b>RIVER FOREST</b>	State <b>IL</b>	Zip <b>60305</b>	City <b>AURORA</b>	State <b>IL</b>	Zip <b>60502</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RONALD FORMENTO SR.</b>			Director Name <b>JULIE FORMENTO</b>		
Street Address <b>5110 WATER VISTA DR.</b>			Street Address <b>5110 WATER VISTA DR.</b>		
City <b>ORLANDO</b>	State <b>FL</b>	Zip <b>32821</b>	City <b>ORLANDO</b>	State <b>FL</b>	Zip <b>32821</b>
Director Name <b>CARI FORMENTO</b>			Director Name		
Street Address <b>2007 GLADSTONE DR.</b>			Street Address		
City <b>WHEATON</b>	State <b>IL</b>	Zip <b>60187</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>20,000</b>	CLASS/SERIES <b>PRIVATELY HELD</b>	PAR VALUE <b>N/A</b>
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 <b>Susan C Pippenger, CFO</b>					Date <b>1/25/17</b>
Signature of Authorized Representative <i>Susan C Pippenger</i>					<b>FILED 9:30</b>

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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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**FEB 14 2017**  
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