



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2012

## 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<br><u>485564</u>  |                    | 2. Exact name of the Corporation<br><u>OPTIMUM STAFFING INC.</u>  |                                       |
| 3. Principal Office Address /<br><u>3540 Seven Bridges Dr. Ste. 300</u>   |                    | City<br><u>Woodbridge</u>   | State<br><u>IL</u>                    |
| 4. NAICS Code<br><u>48-44</u>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>TEMPORARY LOGISTIC PROVIDER</u>     |                                       |
| 5. State of Incorporation<br><u>ILLINOIS</u>  |                    |   |                                       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |                                       |
| President Name<br><u>RONALD P. FORMENTO JR</u>  |                    | Vice-President Name<br><u>JONATHAN FORMENTO</u>   |                                       |
| Street Address<br><u>4512 PIPESTONE COURT</u>   |                    | Street Address<br><u>561 W. GLADYS STREET</u>   |                                       |
| City<br><u>NAPERVILLE</u>   | State<br><u>IL</u> | City<br><u>ELMHURST</u>   | State<br><u>IL</u>                    |
| Zip<br><u>60564</u>   |                    | Zip<br><u>60126</u>   |                                       |
| Secretary Name<br><u>RICHARD HICKEY</u>   |                    | Treasurer Name<br><u>SUSAN PIPPENGER</u>  |                                       |
| Street Address<br><u>336 KEYSTONE</u>   |                    | Street Address<br><u>1475 GREEN LAKE DR.</u>  |                                       |
| City<br><u>RIVER FOREST</u>   | State<br><u>IL</u> | City<br><u>AURORA</u>   | State<br><u>IL</u>                    |
| Zip<br><u>60305</u>   |                    | Zip<br><u>60502</u>   |                                       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                                       |
| Director Name<br><u>RONALD FORMENTO SR.</u>   |                    | Director Name<br><u>JOLIE FORMENTO</u>  |                                       |
| Street Address<br><u>5110 WATERVISTA DR.</u>  |                    | Street Address<br><u>5110 WATERVISTA DR.</u>  |                                       |
| City<br><u>ORLANDO</u>  | State<br><u>FL</u> | City<br><u>ORLANDO</u>  | State<br><u>FL</u>                    |
| Zip<br><u>32821</u>   |                    | Zip<br><u>32821</u>   |                                       |
| Director Name<br><u>CHARL FORMENTO</u>  |                    | Director Name   |                                       |
| Street Address<br><u>2007 GLADSTONE DR.</u>   |                    | Street Address  |                                       |
| City<br><u>WHEATON</u>  | State<br><u>IL</u> | City  | State                                 |
| Zip<br><u>60187</u>   |                    | Zip   |                                       |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>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<br><u>20,000</u>   | CLASS/SERIES<br><u>PRIVATELY HELD</u> |
|   |                    |   | PAR VALUE<br><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.<br>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<br><u>Susan C Pippenger, CEO</u>  |                    | Date<br><u>1/25/17</u>  |                                       |
| Signature of Authorized Representative<br><u>Susan C Pippenger</u>  |                    | <b>FILED</b><br>9:29<br>FEB 14 2017<br>BY <u>LE 045651</u>  |                                       |

## MAIL TO:

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BY LE 045651 FORM 630 - Revised: 10/2016