



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

Annual Report for the year: 2011
 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
 DIVISION OF BUSINESS SERVICES
 2017 JAN 27 AM 10:26
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1. Entity ID Number 485564		2. Exact name of the Corporation OPTIMUM STAFFING INC.	
3. Principal Office Address/ 3540 Seven Bridges Dr. Ste. 300		City Woodridge	State IL
4. NAICS Code 48-49		6. Brief description of the character of business conducted in Rhode Island TEMPORARY LOGISTIC PROVIDER	
5. State of Incorporation ILLINOIS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RONALD P. FORMENTO JR.		Vice-President Name JONATHAN FORMENTO	
Street Address 4512 PIPESTONE COURT		Street Address 561 W. GLADYS STREET	
City NAPERVILLE	State IL	City ELMHURST	State IL
Zip 60564		Zip 60126	
Secretary Name RICHARD HICKEY		Treasurer Name SUSAN P. PEPENGER	
Street Address 336 KEYSTONE		Street Address 1475 GREENLAKE DR.	
City RIVER FOREST	State IL	City AURORA	State IL
Zip 60305		Zip 60502	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name RONALD FORMENTO SR.		Director Name JULIE FORMENTO	
Street Address 5110 WATER VISTA DR.		Street Address 5110 WATER VISTA DR.	
City ORLANDO	State FL	City ORLANDO	State FL
Zip 32821		Zip 32821	
Director Name CARL FORMENTO		Director Name	
Street Address 2007 GLADSTONE DR.		Street Address	
City WHEATON	State IL	City	State
Zip 60187		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 <input type="checkbox"/>	
		NUMBER OF SHARES 20,000	CLASS/SERIES PRIVATELY HELD
			PAR VALUE N/A
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 SUSAN C. PEPENGER, CFO		Date 1/25/17	
Signature of Authorized Representative <i>Susan C. PEPENGER</i>		FILED 9:28	

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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

BY 485564