



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 D  
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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. Ste. 300</b>		City <b>Woodridge</b>	State <b>IL</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>	City <b>ELMHURST</b>	State <b>IL</b>
Zip <b>60564</b>		Zip <b>60126</b>	
Secretary Name <b>RICHARD HICKEY</b>		Treasurer Name <b>SUSAN P. PEPENGER</b>	
Street Address <b>336 KEYSTONE</b>		Street Address <b>1475 GREENLAKE DR.</b>	
City <b>RIVER FOREST</b>	State <b>IL</b>	City <b>AURORA</b>	State <b>IL</b>
Zip <b>60305</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>	City <b>ORLANDO</b>	State <b>FL</b>
Zip <b>32821</b>		Zip <b>32821</b>	
Director Name <b>CARL FORMENTO</b>		Director Name	
Street Address <b>2007 GLADSTONE DR.</b>		Street Address	
City <b>WHEATON</b>	State <b>IL</b>	City	State
Zip <b>60187</b>		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>
			BAR 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. <b>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.</b>			
Name of Authorized Representative <b>SUSAN C. PEPENGER, CFO</b>		Date <b>1/25/17</b>	
Signature of Authorized Representative <i>Susan C. PEPENGER</i>		<b>FILED</b> 9:28 <b>FEB 14 2017</b>	

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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