



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

Annual Report for the year: 2010
 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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 BUS. SERVICES DIV.
 2017 JAN 27 AM 10:35
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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</u>		City <u>Woodridge</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>KONALD 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>	City <u>ELMHURST</u>	State <u>IL</u>
Zip <u>60564</u>		Zip <u>60126</u>	
Secretary Name <u>RICHARD HICKEY</u>		Treasurer Name <u>SUSAN PIPPENGER</u>	
Street Address <u>336 KEYSTONE</u>		Street Address <u>1475 GREENLAKE DR.</u>	
City <u>RIVER FOREST</u>	State <u>IL</u>	City <u>AURORA</u>	State <u>IL</u>
Zip <u>60305</u>		Zip <u>60502</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>KONALD FORMENTO SR.</u>		Director Name <u>JULIE FORMENTO</u>	
Street Address <u>5110 WATERVISTA DR.</u>		Street Address <u>5110 WATERVISTA DR.</u>	
City <u>ORLANDO</u>	State <u>FL</u>	City <u>ORLANDO</u>	State <u>FL</u>
Zip <u>32821</u>		Zip <u>32821</u>	
Director Name <u>CARI FORMENTO</u>		Director Name	
Street Address <u>2007 GLADSTONE DR</u>		Street Address	
City <u>WHEATON</u>	State <u>IL</u>	City	State
Zip <u>60187</u>		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 <u>20,000</u>	CLASS/SERIES <u>PRIVATELY HELD</u>
			PAR VALUE <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. 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, CEO</u>		Date <u>1/25/17</u>	
Signature of Authorized Representative <u>Susan C Pippenger</u>			

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BY 245651

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov