RI SOS Filing Number: 201734714610 Date: 2/21/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
16532	R.I. Temps, Inc.

3. Principal Office Address	City	State	Zip
56 Maple Street	Warwick	RI	02888

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54 - Professional, Scientific, an	Maintain an employment agency, providing both temporary and permanent employees.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Diane Seaback Martin	14 Rip Van Winkle Cove	Warwick	RI	02886

Vice-President Name	Street Address	City	State	Zip
Scott Seaback	40 Schooner Cove Road	Narragansett	RI	02882

Secretary Name	Street Address	City	State	Zip
Diane Seaback Martin	14 Rip Van Winkle Cove	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Diane Seaback Martin	14 Rip Van Wimkle Cove	Warwick	RI	02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Diane Seaback Martin	14 Rip Van Winkle Cove	Warwick	RI	02886

Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
110	Common	None

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	Date
Diane Seaback Martin	1/25/17

Signature of Authorized Representative: Diane Seaback Martin SIGN DOCUMENT HERE

FILED

FEB 21 2017

BY 012098

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

FORM 630 - Revised: 10/2016