State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Amended

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. SVCS DIV.
2017 FEB 23 PM 2:43

1. Entity ID Number	2. Exact name of the Corporation		
001092444	Vensure HR, Inc.		
3. Principal Office Address	**City**	**State**	
2600 W. Geronimo, Suite 100	Chandler	AZ	85224
4. Business Phone Number:	**6. Brief description of the character of business conducted in Rhode Island**		
	Professional Employer Organization		
5. State of Incorporation			
AZ			

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

President Name	Street Address	City	State	Zip
Alex Campos	2600 W. Geronimo, Suite 100	Chandler	AZ	85224

Vice-President Name	Street Address	City	State	Zip
Gerald Anderton, Jr.	2600 W. Geronimo, Suite 100	Chandler	AZ	85224

Secretary Name	Street Address	City	State	Zip
Douglas Daniels	2600 W. Geronimo, Suite 100	Chandler	AZ	85224

Treasurer Name	Street Address	City	State	Zip
Gerald Anderton, Jr.	2600 W. Geronimo, Suite 100	Chandler	AZ	85224

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

Director Name	Street Address	City	State	Zip
Curtis Abraham	2600 W. Geronimo, Suite 100	Chandler	AZ	85224

Director Name	Street Address	City	State	Zip
Gerald Anderton, Jr.	2600 W. Geronimo, Suite 100	Chandler	AZ	85224

Director Name	Street Address	City	State	Zip
Alex Campos	600 W. Geronimo, Suite 100	Chandler	AZ	85224

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
1,000	Common	0

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
Alex Campos	2/10/2017

Signature of Authorized Representative

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

FILED
FEB 23 2017
BY

FORM 630 - Revised: 08/2016