

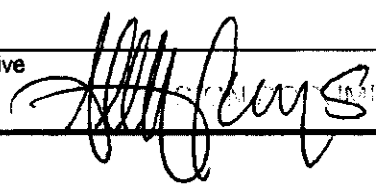


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 FEB 28 PM 2:45

1. Entity ID Number 001092444		2. Exact name of the Corporation Vensure HR, Inc.			
3. Principal Office Address 2600 W. Geronimo, Suite 100		City Chandler		State AZ	
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 Alex Campos			Vice-President Name Gerald Anderton, Jr.		
Street Address 2600 W. Geronimo, Suite 100			Street Address 2600 W. Geronimo, Suite 100		
City Chandler		State AZ	Zip 85224	City Chandler	
State AZ		Zip 85224		City Chandler	
Secretary Name Douglas Daniels			Treasurer Name Gerald Anderton, Jr.		
Street Address 2600 W. Geronimo, Suite 100			Street Address 2600 W. Geronimo, Suite 100		
City Chandler		State AZ	Zip 85224	City Chandler	
State AZ		Zip 85224		City Chandler	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Curtis Abraham			Director Name Gerald Anderton, Jr.		
Street Address 2600 W. Geronimo, Suite 100			Street Address 2600 W. Geronimo, Suite 100		
City Chandler		State AZ	Zip 85224	City Chandler	
State AZ		Zip 85224		City Chandler	
Director Name Alex Campos			Director Name		
Street Address 600 W. Geronimo, Suite 100			Street Address		
City Chandler		State AZ	Zip 85224	City	
State		Zip		City	
9. Shares Authorized Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		Common
					PAR VALUE
					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 Alex Campos					Date 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

FORM 630 - Revised: 08/2016

BY 