



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,

1. Entity ID Number 13608		2. Exact name of the Corporation Staffall, Inc.			
3. Principal Office Address 1465 Elmwood Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Manufacture electronic hardware industry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ernest Crivellone			Vice-President Name Diane Yingling		
Street Address 596 Woonasquatucket Avenue			Street Address 12 Garden Hills Parkway		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
Secretary Name Ernest Crivellone			Treasurer Name Ernest Crivellone		
Street Address 596 Woonasquatucket Avenue			Street Address 596 Woonasquatucket Avenue		
City North Providence	State RI	Zip 02911	City North	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ernest Crivellone			Director Name Diane Yingling		
Street Address 596 Woonasquatucket Avenue			Street Address 12 Garden Hills Parkway		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			4,275		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 Ernest Crivellone				Date 4/18/17	
Signature of Authorized Representative <i>Ernest Crivellone</i>					

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

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APR 03 2017

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