2017 MAY 11 PM 12:24

R.I. SECRETARY OF STATE CORPORATIONS DIV.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
Filing Fee: $50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation
000555418	Talentburst, Inc.

3. Principal office address	City	State	Zip
679 Worcester Rd.	Natick	MA	01760

4. Business Phone No.	5. State of Incorporation
617-312-3177	Delaware

6. Brief description of the character of business conducted in Rhode Island
temp staffing

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Deep Deshpande	Bharat Singh
Street Address: 5 Olmsted Road	Street Address: 10 Hunnewell Street
City: Brookline, State: MA, Zip: 02445	City: Wellesley, State: MA, Zip: 02481
Secretary Name	**Treasurer Name**
Baljit Gill	Baljit Gill
Street Address: 23 Fieldstone Lane	Street Address: 23 Fieldstone Lane
City: Natick, State: MA, Zip: 01760	City: Natick, State: MA, Zip: 01760

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	3	Common	1:00

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.

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 11 2017
BY 303465 Craig Harris
A.M. 12:27 p.m.

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.

Signature of Authorized Representative — Date: 4/28/17

Bharat Singh
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012