



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

Annual Report for the year: **2018**
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

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 159948		2. Exact name of the Corporation STAFFLINK OUTSOURCING IV, INC												
3. Principal Office Address 1776 N PINE ISLAND RD STE 108			City PLANTATION	State FL	Zip 33322									
4. NAICS Code 561330		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL EMPLOYER ORGANIZATION												
5. State of Incorporation FLORIDA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name ABRAM FINKELSTEIN			Vice-President Name NONE											
Street Address 1776 N PINE ISLAND RD STE 108			Street Address											
City PLANTATION	State FL	Zip 33322	City	State	Zip									
Secretary Name NONE			Treasurer Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name NON											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CWP</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CWP	1.00			
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100	CWP	1.00												
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 ABRAM FINKELSTEIN				Date 2/22/18										
Signature of Authorized Representative 				<p>FILED</p> <p>SIGN DOCUMENT HERE MAR 07 2018</p> <p>BY <u>32603</u> A.A.</p>										

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