RI SOS Filing Number: 201866651120 Date: 5/22/2018 10:34:00 AM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 MAY 22 AM 10:34

**Annual Report for the year: 2016**
**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 | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 000511321 | Debbie's Staffing Services, Inc. | | |
| 3. Principal Office Address: 4431 N. Cherry Street | City: Winston-Salem | State: NC | Zip: 27105 |
| 4. NAICS Code: 561320 | 6. Brief description of the character of business conducted in Rhode Island: Temporary employment | | |
| 5. State of Incorporation: North Carolina | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: Heinz Little | | | Vice-President Name: Deborah Little | | |
| Street Address: 4431 N. Cherry Street | | | Street Address: 4431 N. Cherry Street | | |
| City: Winston-Salem | State: NC | Zip: 27105 | City: Winston-Salem | State: NC | Zip: 27105 |
| Secretary Name: Lori Aaron | | | Treasurer Name: | | |
| Street Address: 4431 N. Cherry Street | | | Street Address: | | |
| City: Winston-Salem | State: NC | Zip: 27105 | City: | State: | Zip: |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: HEINZ LITTLE | | | Director Name: DEBORAH LITTLE | | |
| Street Address: 4431 N. CHERRY STREET | | | Street Address: 4431 N. CHERRY STREET | | |
| City: WINSTON-SALEM | State: NC | Zip: 27105 | City: WINSTON-SALEM | State: NC | Zip: 27105 |
| Director Name: | | | Director Name: | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | 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 |
|---|---|---|
| 100,000 | Common | $ 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: LORI F. AARON — Date: 5/10/2018

Signature of Authorized Representative: Lori A. Aaron — SIGN DOCUMENT HERE

**FILED**
MAY 22 2018
10:34
BY CR 331076

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

**FORM 630 - Revised: 08/2017**