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

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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		City	State	Zip
4431 N. Cherry Street		Winston-Salem	NC	27105
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561320	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	Date
LORI F. AARON	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