



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134310		2. Name of Corporation FLAGSHIP STAFFING SERVICES INC.			
3. Street Address Principal Business Office 17 GORDON AVENUE SUITE 207		City PROVIDENCE		State RI	Zip 02905
4. Business Phone No. 401-277-2266		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PERSONNEL STAFFING AND PERMANENT PLACEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SUSAN A. FABRIZIO			Vice President Name NONE		
Street Address 17 GORDON AVE SUITE 207			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name SAME AS ABOVE			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SUSAN A. FABRIZIO			Director Name W. KENNETH O'DONNELL, ESQ		
Street Address 17 GORDON AVE SUITE 207			Street Address 717 NORTH MAIN ST		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02904
Director Name DEBRA J CRICE			Director Name NONE		
Street Address 17 GORDON AVE SUITE 207			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE			5000		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1/19/05
Check No.	1060
By:	DA
FOR SECRETARY OF STATE USE ONLY	

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 Officer: Susan A. Fabrizio Date: 1-12-05
Print or Type Name of Officer: SUSAN A. FABRIZIO
Title of Officer: PRESIDENT



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134310		2. Name of Corporation FLAGSHIP STAFFING SERVICES INC.			
3. Street Address Principal Business Office 21 DOUGLAS AVE		City PROVIDENCE		State RI	Zip 02908
4. Business Phone No. 401 277-2266		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PERSONNEL STAFFING AND PERMANENT PLACEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SUSAN FABRIZIO			Vice President Name DEAN M. DENNECO		
Street Address 47 MORGAN AVE			Street Address 21 DOUGLAS AVE		
City JOHNSON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02908
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SUSAN FABRIZIO			Director Name DEAN M. DENNECO		
Street Address 47 MORGAN AVE			Street Address 21 DOUGLAS AVE		
City JOHNSON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE	-	NO PAR	5000	-	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 1-8-04
Check No. 001020
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 Officer [Signature] Date 12/30/03
Print or Type Name of Officer P. M. Denneco
Title of Officer Vice Pres