

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 - M FORM MUST BE TYPED OR PRI		ng Fee: \$50.00	I I ON THE THAN	<u></u>	<u> </u>		
1. Corporate ID No.	2. Name of Corporation						
134310		FFING SERVICES INC					
3. Street Address Principal Business 17 GORDON	Avenue S	WITE 207	PROVIDENCE	State R 1	02905		
1. Business Phone No. 401 - 277 - 22		5. State of Incorporation			G. SIC Code		
7. Brief Description of the Character PERSONNEL STAFFING	of Business Conducted in	RHODE ISLAND Rhode Island PLACEMENT					
B. NAMES AND ADDRESSE			FACHMENT)	ACES BEFORE USI	NG ATTACHMENTS		
President Name SUSAN A. FABRIZIO			Vice President Name				
Sirrel Address 17 GORDON		E .207	Street Address				
TI GURISON	State	24	Gity	State	Zip		
PROVIDENCE	RI	1°°02905	· · · · · · · · · · · · · · · · · · ·	June			
Secretary Name - SANCE AS ABOC	೬		Treasurer Name SAME				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
). NAMES AND ADDRESSE	 S OF THE DIRECTO	 R\$:	∷ TTACHMENT) ☐ FILL IN S	 SPACES BEFORE U	 SING ATTACHMENTS		
Director Name SUSAN A. FABRIZIO			Director Name W. KENNETH	O'Donne	LL . Esa		
SIRCH Address 17 GURDON AL		207	Street Address				
TI GORISON IT	State	1200	777 NORTH	MAIN St	710		
PROVIDENCE] R1	02905	PROVIDENCE	RI	02904		
DEBRA J CRICE			Director Name				
SIRVE Address (LT GORDON A	lue Suite	207	Street Address				
PROVIDENCE	State R I	2ip 02905	Ciŋ [,]	State	Ζip		
10. SHAKES ACTIONIZED (A BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
NUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value		
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This report must be	signed in ink by eit	her the President Vice	President, Secretary, Assistant	Secretary Treasure	r Penniuer or Trustee		
on open must de	gca	nor the transaction, the	Trestocit, becretary, resistant	occionary, measure	i, received of Trustee		
			Under penalty of perior	ry. I declare and affirm	n that I have examined this rep		
		··-···· ·· ·	including any accompa	nying schedules and s	statements, and that all statem		
File Date	105		contained herein are tr	Jabusu	1-12-05		
1.	(0		Signature of Officer	- July	Date Date		
Check No. 10	60		SUSAN A.	FABRIZIO			
Ву:	<u> </u>		Print or Type Name of O				
FOR SECRETARY OF ST	TATE USE ONLY		PRESIDEN	<u>T</u>			
			Title of Officer				



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Form 630 Rev. 12/03

FORM MUST BE TYPED OR	PRINTED IN BLACK)	filing Fee: \$50,00							
t. Corporate ID No.	2. Name of Corpor	2. Name of Corporation							
134310		STAFFING SERVICES IN							
Sirce! Address Principal Business Office			Providence	State	21p 029				
. Business Phone No.		5. State of Incorporatio	n		6. SIC Code				
HOL 277-2266 RHODE ISLAN Brief Description of the Character of Business Conducted in Rhode Island			10						
	acter of Business Conducto FFING AND PERMANI								
	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS				
SUSAN FABA'US			Vice President Name						
reed Address	400		SPAN M. DENWECO						
47 MARGA	Ave		21 harine are						
Suy .	State A —	Zip	PROVIDENCE	State	Zip				
SUIJ NATAV ceretary Name	K	102919	Treasurer Name		COGOS				
ина у рате			Treusurer Name						
Street Address			Street Address						
			<u>:</u>						
Duy	State	Zip	City	State	Zip				
NAMES AND ADDRESS	SEES OF THE DIREC	TOBE. CAVE BOY FOR	· · · · · · · · · · · · · · · · · · ·	N CDA CES DESCRIS	INC ATTACHMENTS				
. NAMES AND ADDRES Director Name	SES OF THE DIREC	TORS: (*X" BOX FOR A	Director Name	N SPACES BEFORE US	ING ATTACHMENTS				
	2/2/0		Sead M. Sewhec's						
invi Address		•=	Struct Address	774400,0					
47 MORBAN	ave .		21 DUX145	Ave					
iny	State	Zip	City A - /a -	State	Zip				
NOWNYOT	RZ	029/9	Aran Device	162	02908				
drector Name			Director Name						
ireet Address			Street Address						
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'tty	State	Zip	City	State	Zip				
0. SHARES AUTHORIZ	 ED <i>("X" RÔX FOR</i>	 ATTACHMENT) Î □ Î	11. SHARES ISSUED	("X" ROX FOR ATTAC	HMENT) □				
UTHORIZED SHARES	(ISSUED SHARES	,					
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ims report must	oc signed in Ink by	enner ine President, Vice	e President, Secretary, Assista	ant Secretary, Treasure	, Receiver of Trustee				
11	(8818) (1888 (1111 BIBBS (1181	11 8 17 8 3 71 1 8 8 1							
			Under penalty of perjury, I declare and affirm that I have examined this r						
	* 1 3 / 3 /				tatements, and that all state				
1 %	- , , , , , , , , , , , , , , , , , , ,	_ o	contained herein are						
File Date)4		24.74.2012		12/30/03				
Check No. DO LOZO			Signature of Officer Date Date						
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3v	OF STATE USE ONLY	_	Print or Type Name of						