



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

**FILED**

OCT 05 2018

BY

*[Handwritten signature]*

**Annual Report for the year: 2018**

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |  |  |  |                              |  |                    |  |                                |  |     |  |
|---|--|--|--|------------------------------|--|--------------------|--|--------------------------------|--|-----|--|
| 1. Entity ID Number<br><b>001337607</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Provisional Staffing Solutions, LLC</b>                 |  |                              |  |                    |  |                                |  |     |  |
| 3. NAICS Code<br><b>561311</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Temp Employment Agency</b> |  |                              |  |                    |  |                                |  |     |  |
| 5. State of Formation<br><b>FL</b>  |  |  |  |                              |  |                    |  |                                |  |     |  |
| 6. Principal Office Address<br><b>535 Atwood Avenue, Suite #2</b>   |  |  |  | City<br><b>Cranston</b>      |  | State<br><b>RI</b> |  | Zip<br><b>02920</b>            |  |     |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |  |                              |  |                    |  |                                |  |     |  |
| Contact Name <b>Antonio Mariano</b>   |  |  |  | Contact Title <b>Manager</b> |  |                    |  |                                |  |     |  |
| Street Address <b>535 Atwood Avenue, Suite #2</b>   |  |  |  | City <b>Cranston</b>         |  | State <b>RI</b>    |  | Zip <b>02920</b>               |  |     |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |  |  |                              |  |                    |  |                                |  |     |  |
| Manager Name  |  |  |  | Manager Name                 |  |                    |  |                                |  |     |  |
| Street Address  |  |  |  | Street Address               |  |                    |  |                                |  |     |  |
| City  |  | State  |  | Zip                          |  | City               |  | State                          |  | Zip |  |
| Manager Name  |  |  |  | Manager Name                 |  |                    |  |                                |  |     |  |
| Street Address  |  |  |  | Street Address               |  |                    |  |                                |  |     |  |
| City  |  | State  |  | Zip                          |  | City               |  | State                          |  | Zip |  |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |  |  |                              |  |                    |  |                                |  |     |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |  |  |  |                              |  |                    |  |                                |  |     |  |
| <b>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.</b> |  |  |  |                              |  |                    |  |                                |  |     |  |
| Name of Authorized Person<br><b>Antonio Mariano</b>   |  |  |  |                              |  |                    |  | Date<br><b>October 2, 2018</b> |  |     |  |
| Signature of Authorized Person<br><i>[Handwritten Signature]</i>  |  |  |  |                              |  |                    |  | SIGN DOCUMENT HERE             |  |     |  |

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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