



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF
CORPORATIONS
2018 OCT 18
PM 2:24

1. Entity ID Number 001336227		2. Exact name of the Corporation MHC Staffing, Corp.	
3. Principal Office Address 1 Washington St.		City Newport	State RI
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Manage Office for the American Boat Builders and Repairers Assoc	
5. State of Incorporation Florida			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pamela Lendzion		Vice-President Name Jonathan Lendzion	
Street Address 114 Dory Rd		Street Address 143 Foreside Rd	
City St. Augustine	State FL	City Falmouth	State ME
Zip 32086		Zip 04105	
Secretary Name Krista Lendzion		Treasurer Name	
Street Address 1162 Rocking Porch Rd		Street Address	
City Asheville	State NC	City	State
Zip 28805		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES CWP
			PAR VALUE \$ 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 Pamela Lendzion		Date 10/18/18	
Signature of Authorized Representative <i>Pamela Lendzion</i>			

MAIL TO:
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