RI SOS Filing Number: 201986465180 Date: 2/11/2019 4:00:00 PM

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

FILED
FEB 11 2019
BY 3647

Annual Report for the year: 2019
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
000134310	Flagship Staffing Services Inc

3. Principal Office Address	City	State	Zip
1045 Warwick Ave Ste 201	Warwick	RI	02888

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561320	Personnel: Temporary Staffing and Permanent Placement
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Susan A. Fabrizio			Vice-President Name: Susan A. Fabrizio		
Street Address: 1045 Warwick Ave Ste 201			Street Address: 1045 Warwick Ave Ste 201		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Secretary Name: Susan A. Fabrizio			Treasurer Name: Susan A. Fabrizio		
Street Address: 1045 Warwick Ave Ste 201			Street Address: 1045 Warwick Ave Ste 201		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Susan A. Fabrizio			Director Name		
Street Address: 1045 Warwick Ave Ste 201			Street Address		
City: Warwick	State: RI	Zip: 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	5,000	STK	0.000
Changes require an additional filing.			

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
Susan A. Fabrizio	2/8/2019

Signature of Authorized Representative: Susan A Fabrizio SIGN DOCUMENT HERE

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: 10/2017