

Agent Name

Address

CORPORATION SERVICE COMPANY

222 JEFFERSON BOULEVARD, SUITE 200

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

Matthew A. Brown, Secretary of State

401.222.3040

Filing Period: Se	ptember 1 - November 1	• Filing Fee: \$50	.00		<b>2000</b> —	
	TED OR PRINTED IN BIACK)					
1. ID No.	2. Exact name of the limite	P. Exact name of the limited liability company				
119028	CoWorx Personnel LL					
3 State of Formation	n 4. Brief description	n of the character of the hu	siness which is actually conducted in Rhode.	Island		
DELAWARE	EMPLOYMEN	IT AGENCY				
5. Principal office ac			City	State	Zip	
1374	5 Plantiels AL	ĸ	WATCHUNG	124	07069	
6. MAILING AD	DRESS OF LIMITED LIABI	LITY COMPANY AND	· i · i - · i - · · · · · · · · · · · · · ·	ERSON:		
Contact Name			Contact Title	_		
421	<u>leu wlod ar</u>	CZYK	MCA XAT	OTASTIZI GI	<b>-</b>	
Street Address		1	City	State	Zip	
142	nc -		•			
7. NAME AND A	FILL IN SP	ACES BEFORE USING	D LIABILITY COMPANY, IF APPI.I GATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I	ATTACHMENT)		
Manager Name	11Charl G	-6.5729-	CEO Manager Name			
Street Address			Street Address		<u> </u>	
<i>J</i> .	375 Plant	els AVE	•			
City	State	Zip	City	State	ХIP	
	100c   NZ	07.069				
Manager Name			Manager Name			
Street Address			Sirvet Address	•		
City	State	Zip	City	State	Zip	
8. RESIDENT AG	 GENT IN RHODE ISLAND	DO NOT ALTER - C	hanges require filing of Form 64	 	1	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

Address

City

WARWICK

	1   18   10   15   15   15   16   17   17   18   18   18   18   18   18	
	*119028*	
File Date	9/24/05	
Check No	082543	
Ву:	Cp-	-
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and a including any accompanying schedules a contained herein are true and correct.				•
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Signature of Authorized Person	Dat	$\Lambda$	τ	

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**02888.** 



## 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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2004

Filing Period: September 1 - November 1 - • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L ID Vo 2 Exact name of the limited hability company 119028 POMERANTZ PERSONNEL LLC 3 Mate of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **EMPLOYMENT AGENCY DELAWARE** 5 Principal office address WATCHUNG 1375 Plantiels AUC 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: LAURA ACKERMAN Street Address 1375 Planfield Ave 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a)  $\overline{(2)}$  / 7-16-52 Manager Name Manager Name Street Address Street Address Street Address MSOUSY  $Z_{iP}$ State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address CORPORATION SERVICE COMPANY CavZip Address WARWICK 222 JEFFERSON BOULEVARD, SUITE 200

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date		
Check No		<u>_</u> .
By:		
ŀ	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.



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dussion 100 North Main Street Proudence, RI 02903-1335 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2003

1 119 No 119028		2 Exact name of the limited hability company POMERANTZ PERSONNEL LLC				
3 State of Formation DELAWARE		tion of the character of the busi ENT AGENCY	ness which is actually conducted in Rhod	le Island		
5 Principal office at	Plainfield	'	WATCH UNCONTACT	State W 5	07069	
Contact Name	Michael		Contact Tule CFo			
Street Address	Same		City	State	Zφ	
7. NAME AND A	FILL IN S	PACES BEFORE USING	: LIABILITY COMPANY, IF APPI ATTACHMENTS ("X" BOX FO ES FILING OF AMENDMENT, R	OR ATTACHMENT)	) / 7-16-52	
Manager Name	SARY POM	ernti	Managor Name (Michael	Epste, 2		
Street Address	375 Plainfi	eld pu	Street Address 1375 Pl	ainfield AM	£	
WATZ.HI	State	<sup>209</sup> 07089	WATCHULL	State	87069	
Manager Name			Manager Name			
Street Address			Street Address			
Cay	State	Zψ	City	State	Ζφ	
8. RESIDENT A	GENT IN RHODE ISLANI	) - DO NOT ALTER - Ch	anges require filing of Form	642 - R.I.G.L. 7-16-11		
CORPORATION SERVICE COMPANY			City	Cay Zap		
Address 170 WESTMINSTER STREET, SUITE 900				PROVIDENCE 02903-		

11200-0-1

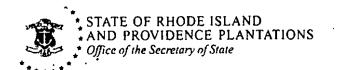
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 1 9 0 <u>2</u> 8 *
File Date _	10.15.03
Check No	5415-3
Bv	
44	OR SECRETARY OF STATE USE ONLY

Under penalty of perju	ry, I declare and affirm that I have examined this report.
including any accompa- contained herein are tr	mying schedules and statements, and that all statements, ue and correct.
211	1001

Signapare of Authorized Person Da

Print or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septe	mber 1 - November 1	• Filing Fee: \$50.00	- <del></del> · · · -		<del></del>		
(FORM MUST BE TYPE	D OR PRINTED IN BLAC						
I. ID No.							
119028	POMERANTZ PERSO						
3. State of Formation	4. Brief descripti	on of the character of the busit	ness which is actually conducted in	Rhode Island			
DELAWARE	Englo	yout Aleur	91				
5. Principal office addre	Mainfield P	#	WATCHINE	State N	2ip 07069		
		LA BLUTTY COMPANY	AND NAME OR TITLE O				
Contact Name	CESS OF LIMITED I	JABICITY COMPANY	Contact Title	CONTACTIENS			
I *	hace Eps	ार, <del>भ</del>	: CFO	•			
Street Address			City	State	<sup>zip</sup> 07069		
137	5 Plainfi	els ave	· WATCHUNG	レユ	0 (00)		
7. NAME AND ADD	RESS OF EACH MA	NAGER OF THE LIMIT	ED LIABILITY COMPAN'	Y, 1F APPLICABLE			
		CES BEFORE USING AT		OR ATTACHMENT			
	ANY MODIFICATIONS	TO MANAGERS REQUIRES	FILING OF AMENDMENT. R.I.	G.L 7-16-12 (a) (2) / 7-	16-52		
Manager Name			Manager Name	=			
GARL	1 YOME/AL	ti - Ce O	: MICHAEC	Epstein.	- CF0		
Street Address		1	Street Address	Coh · o			
1375	5 Planufiels	tr-CEO	:1375 \$14	infields are	<u></u>		
City	State	Zip	·City	State	<sup>Zip</sup> 07069		
WATCHING	-   ~ 3	10 (00)	WHICHNY.	· · ] · h ? · · · ·	10 100 1		
Manager Name			*Manager Name				
			Street Address	·			
Street Address			*Sirvet Address				
City	State	Zip	City	State	Zip		
[ ]			•				
8 DESIDENT ACEN	T IN PHONE ISLANI	-DO NOT ALTER- Chang	ges require filing of For	m 642 - R.I.G.L. 7-16			
Agent Name	T E ROODL ISDAL	J-BO NOT ALTEN GITTEN	Address		<del></del>		
CORPORATION SERV	VICE COMPANY		, , , , , , , , , , , , , , , , , , ,				
	TICE COMPANY	<del>_</del>	City	Zip	<u> </u>		
Address 170 WESTMINSTER STREET, SUITE 900			PROVIDENCE 02903-				
170 WESTMINSTER'S	TREET, SUITE 900		PROVIDENCE	04	<u> </u>		
		•					

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date 9-13-62
Check No. 038872
By: CMC
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.

12 A / / P/ C/-1

Signature of Authorized Person .

MICHAEL EPSTEIN Print or Type Name of Authorized Person