



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

**FILED**

SEP 09 2019

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1. Entity ID Number <b>1657471</b>		2. Exact name of the Corporation <b>People Management, Inc.</b>			
3. Principal Office Address <b>1260 Centennial Avenue</b>			City <b>Piscataway</b>	State <b>NJ</b>	Zip <b>08854</b>
4. NAICS Code <b>812990</b>	6. Brief description of the character of business conducted in Rhode Island <b>Payroll Company - Have never done business in Rhode Island and do not have any clients in Rhode Island. Have been trying to close this account for over 2 years. We do not do business in Rhode Island and have never processed any payroll in this state. Do not have any clients in Rhode</b>				
5. State of Incorporation <b>NJ</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joni Ur</b>			Vice-President Name <b>None</b>		
Street Address <b>1260 Centennial Avenue</b>			Street Address		
City <b>Piscataway</b>	State <b>NJ</b>	Zip <b>08854</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Harry Sica</b>			Director Name		
Street Address <b>1260 Centennial Avenue</b>			Street Address		
City <b>Piscataway</b>	State <b>NJ</b>	Zip <b>08854</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <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 Representative <b>Joni Ur</b>				Date <b>8/29/2019</b>	
Signature of Authorized Representative <i>Joni Ur</i> <div style="text-align: center;">SIGN DOCUMENT HERE</div>					