



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.

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CORPORATION
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1. Entity ID Number 000799334		2. Exact name of the Corporation CoStaff National Services Inc.												
3. Principal Office Address 26555 Evergreen Rd. STE 1070			City Southfield	State MI	Zip 48076									
4. NAICS Code 561330		6. Brief description of the character of business conducted in Rhode Island Professional Employer Organization - Administration of Payroll and HR Functions.												
5. State of Incorporation NV														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name Michael R. Bulgarelli			Vice-President Name											
Street Address 26555 Evergreen Rd. Ste 1070			Street Address											
City Southfield	State MI	Zip 48076	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Michael R. Bulgarelli			Director Name											
Street Address 26555 Evergreen Rd, Ste 1070			Street Address											
City Southfield	State MI	Zip 48076	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>75000</td> <td>CWP</td> <td>1.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	75000	CWP	1.0000			
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75000	CWP	1.0000												
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 Michael R. Bulgarelli				Date 11/20/2019										
Signature of Authorized Representative <i>Michael R. Bulgarelli</i>				SIGN DOCUMENT HERE										

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R. BULGARELLI

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