



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.

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| 1. Entity ID Number<br><b>000799334</b>  |                    | 2. Exact name of the Corporation<br><b>CoStaff National Services Inc.</b>  |  |                                 |   |                  |              |           |              |            |               |  |  |  |
|--|--------------------|--|--|---------------------------------|---|------------------|--------------|-----------|--------------|------------|---------------|--|--|--|
| 3. Principal Office Address<br><b>26555 Evergreen Rd. STE 1070</b>   |                    |  | City<br><b>Southfield</b>  |                                 | State<br><b>MI</b><br>Zip<br><b>48076</b> |                  |              |           |              |            |               |  |  |  |
| 4. NAICS Code<br><b>561330</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Professional Employer Organization - Administration of Payroll and HR Functions.</b> |  |                                 |   |                  |              |           |              |            |               |  |  |  |
| 5. State of Incorporation<br><b>NV</b>   |                    |  |  |                                 |   |                  |              |           |              |            |               |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>  |                    |  |  |                                 |   |                  |              |           |              |            |               |  |  |  |
| President Name<br><b>Michael R. Bulgarelli</b>   |                    |  | Vice-President Name  |                                 |   |                  |              |           |              |            |               |  |  |  |
| Street Address<br><b>26555 Evergreen Rd. Ste 1070</b>  |                    |  | Street Address   |                                 |   |                  |              |           |              |            |               |  |  |  |
| City<br><b>Southfield</b>  | State<br><b>MI</b> | Zip<br><b>48076</b>  | City   | State                           | Zip                                       |                  |              |           |              |            |               |  |  |  |
| Secretary Name   |                    |  | Treasurer Name   |                                 |   |                  |              |           |              |            |               |  |  |  |
| 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<br><b>Michael R. Bulgarelli</b>  |                    |  | Director Name  |                                 |   |                  |              |           |              |            |               |  |  |  |
| Street Address<br><b>26555 Evergreen Rd, Ste 1070</b>  |                    |  | Street Address   |                                 |   |                  |              |           |              |            |               |  |  |  |
| City<br><b>Southfield</b>  | State<br><b>MI</b> | Zip<br><b>48076</b>  | City   | State                           | Zip                                       |                  |              |           |              |            |               |  |  |  |
| Director Name  |                    |  | Director Name  |                                 |   |                  |              |           |              |            |               |  |  |  |
| Street Address   |                    |  | Street Address   |                                 |   |                  |              |           |              |            |               |  |  |  |
| City   | State              | Zip  | City   | State                           | Zip                                       |                  |              |           |              |            |               |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                                 |   |                  |              |           |              |            |               |  |  |  |
|  |                    |  | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>75000</b></td> <td><b>CWP</b></td> <td><b>1.0000</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                 |   | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>75000</b> | <b>CWP</b> | <b>1.0000</b> |  |  |  |
| NUMBER OF SHARES   | CLASS/SERIES       | PAR VALUE  |  |                                 |   |                  |              |           |              |            |               |  |  |  |
| <b>75000</b>   | <b>CWP</b>         | <b>1.0000</b>  |  |                                 |   |                  |              |           |              |            |               |  |  |  |
|  |                    |  |  |                                 |   |                  |              |           |              |            |               |  |  |  |
| 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.<br><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<br><b>Michael R. Bulgarelli</b>  |                    |  |  | Date<br><b>11/20/2019</b>       |   |                  |              |           |              |            |               |  |  |  |
| Signature of Authorized Representative<br><i>Michael R. Bulgarelli</i>   |                    |  |  | SIGN DOCUMENT HERE <b>FILED</b> |   |                  |              |           |              |            |               |  |  |  |

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