



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

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS. DIV.
 2020 NOV 12 P 12:06

1. Entity ID Number 001702756		2. Exact name of the Corporation AMERICAN PERSONNEL, INC.			
3. Principal Office Address 133 FEDERAL STREET			City BOSTON	State MA	Zip 63141
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island Professional Services- Healthcare Staffing			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Susan E Ball			Treasurer Name		
Street Address 6551 Park of Commerce Blvd.			Street Address		
City Boca Raton	State FL	Zip 33487	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin Clark			Director Name William J. Burns		
Street Address 6551 Park of Commerce Blvd.			Street Address 6551 Park of Commerce Blvd.		
City Boca Raton	State FL	Zip 33487	City Boca Raton	State FL	Zip 33487
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			25,000	Preferred/ Series A	No Par Value
			11,765	Common	No 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.					
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 Susan E. Ball - Secretary					Date 11.11.2020
Signature of Authorized Representative <i>Susan E Ball</i>					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

FILED

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BY *[Signature]* KV 74 Y
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