



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

1. Entity ID Number 001698623		2. Exact name of the Corporation COMPUTER AND ENGINEERING SERVICES, INCL			
3. Principal Office Address 5555 GULL RD STE 300			City KALAMAZOO	State MI	Zip 49048
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island SKILLED STAFFING SERVICES			
5. State of Incorporation MI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TIMM STURGEON			Vice-President Name		
Street Address 5555 GULL RD STE 300			Street Address		
City KALAMAZOO	State MI	Zip 49048	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 TIM GRIFFIN			Director Name		
Street Address 5555 GULL RD STE 300			Street Address		
City KALAMAZOO	State MI	Zip 49048	City	State	Zip
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
		50000			1.00
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 TIMM STURGEON				Date 01/19/21	
Signature of Authorized Representative 					

FILED KM

JAN 28 2021

BY 318719

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov