



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.

2021 MAR - 8 PM 2:20
 BUS SVCS DIV
 STATE OF RHODE ISLAND

1. Entity ID Number 000013608		2. Exact name of the Corporation Staffall, Inc.			
3. Principal Office Address 1465 Elmwood Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 334417		6. Brief description of the character of business conducted in Rhode Island Manufacture electronic hardware industry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ernest Crivellone			Vice-President Name Diane Yingling		
Street Address 596 Woonasquatucket Avenue			Street Address 12 Garden Hills Parkway		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
Secretary Name Ernest Crivellone			Treasurer Name Diane Yingling		
Street Address 596 Woonasquatucket Avenue			Street Address 12 Garden Hills Parkway		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ernest Crivellone			Director Name Diane Yingling		
Street Address 596 Woonasquatucket Avenue			Street Address 12 Garden Hills Parkway		
City North Providence	State RI	Zip 02911	City Cranston	State RI	Zip 02920
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
			4.276	common	none
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 Ernest Crivellone				Date 2/15/2021	
Signature of Authorized Representative 					

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

FORM 630 - Revised: 08/2020

MAR 8 2021
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