



State of Rhode Island  
Department of State - Business Services Division

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2021 APR 13 PM 12:04

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 <u>000071409</u>		2. Exact name of the Corporation <u>SPECTRA TEMPS OF Rhode Island, INC</u>			
3. Principal Office Address <u>260 West Exchange St</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02903</u>
4. NAICS Code <u>561320</u>		6. Brief description of the character of business conducted in Rhode Island <u>STAFFING FIRM</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Kerry Tracey</u>			Vice-President Name <u>NONE</u>		
Street Address <u>34 Scenery Lane</u>			Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
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 <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
		<u>500</u>			<u>0</u>
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.					
<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 <u>KERRY TRACEY</u>					Date <u>4.9.2021</u>
Signature of Authorized Representative <u>Kerry Tracey</u>					

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MAIL TO:  
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