RI SOS Filing Number: 202198534390 Date: 6/22/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## FILED

## шы **9 9 2**02

## Annual Report for the year Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

7 Chary. Additional \$2					_	<u> </u>	
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
O01338128 Staffing Plus Holdings Inc.							
3. Principal Office Address		•	City	City		State  Zip	
551 West Lancaster Avenue			Haverford		PA	19041	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island					
561320		n Cha	2				
5. State of Incorporation		Man.					
PA		•	)				
7. List ALL officers (names a	nd addresses)		_	Check	the box to	indicate an attachment	
President Name Lisa Spector			Vice-President Name				
Street Address 551 West Lan	Street Address						
City Haverford	State PA	<sup>Zip</sup> 19041	City		State	Zip	
Secretary Name	<u></u> _		Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	• • • •	State	Zip	
8. List ALL directors (names	and addresses)		<u></u>	Check	the box to	indicate an attachment	
Director Name			Director Name	<del></del>			
Street Address			Street Address				
City	State	Žip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	······································	10. Shares Is:	sued	Check	the box to	indicate an attachment	
This information is currently of	of record in the	NUMBER C		CLASS/SERIE		PAR VALUE	
Department of State.		1000		Common		0.00	
Changes require an additiona	l filing.		· · · · ·				
11. This report must be exec					ration is in	the hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I	declare and affirm t	hat i have examir	ed this report, i	ncluding any accon	panying s	chedules and	
statements, and that all sta Name of Authorized Represe		nerein are true al	па соггест.		Date	<del></del>	
Lisa Spector		06/15/21					
Signature of Authorized Rep	resentative	(1127 k) \$5.27	COLORATER TO COST		<del></del>		
Lisa S	pector	SIGN DO	CUMENT 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

FORM 630 - Revised: 10/2017