



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: Amended 2020
Corporation

STAMP

- 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

2021 JUL 21 P 12:59

1. Entity ID Number 000795238		2. Exact name of the Corporation Intermedix Staffing, Inc.	
3. Principal Office Address 434 West Ascension Way, 6th Floor		City Murray	State UT
		Zip 84123	
4. NAICS Code 561330	6. Brief description of the character of business conducted in Rhode Island staffing company		
5. State of Incorporation DE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Please see attached		Vice-President Name	
Street Address		Street Address	
City	State	Zip	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 Joseph Flanagan		Director Name M. Sean Radcliffe	
Street Address 434 West Ascension Way, 6th Floor		Street Address 434 West Ascension Way, 6th Floor	
City Murray	State UT	Zip 84123	City Murray
			State UT
			Zip 84123
Director Name Rachel Wilson		Director Name	
Street Address 434 West Ascension Way, 6th Floor		Street Address	
City Murray	State UT	Zip 84123	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	
		CLASSIFICATIONS	
		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 Joe Davis			Date 7/20/2021
Signature of Authorized Representative <i>Joe Davis</i>			FILED ^M

JUL 21 2021

BY *CM* 12:59

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

795238

Officer Attachment

Officers

- Joseph Flanagan, President and Chief Executive Officer - 434 West Ascension Way, 6th Floor, Murray, UT 84123
- M. Sean Radcliffe, Secretary - 434 West Ascension Way, 6th Floor, Murray, UT 84123
- Rachel Wilson, Chief Financial Officer, Treasurer, and Assistant Secretary - 434 West Ascension Way, 6th Floor, Murray, UT 84123
- Vijay Kotte, Executive Vice President - 434 West Ascension Way, 6th Floor, Murray, UT 84123



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 21, 2021 12:59 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

