



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

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

FILED
JAN 25 2023
 BY 9659
DS

1. Entity ID Number 941735		2. Exact name of the Corporation WorkforceRI, Inc.	
3. Principal Office Address 952 Plainfield Street, #3		City Johnston	State RI
		Zip 02919	
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island Professional Placement Services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses)			
President Name Andrew Wilkes		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address 952 Plainfield Street, #3		Vice-President Name	
City Johnston	State RI	Zip 02919	Street Address
Secretary Name Andrew Wilkes		Treasurer Name Andrew Wilkes	
Street Address 952 Plainfield Street, #3		Street Address 952 Plainfield Street, #3	
City Johnston	State RI	Zip 02919	City Johnston
		State RI	Zip 02919
8. List ALL directors (names and addresses)			
Director Name Andrew Wilkes		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address 952 Plainfield Street, #3		Director Name	
City Johnston	State RI	Zip 02919	Street Address
Director Name		City	
Street Address		State	
City	State	Zip	Zip
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES		CLASS/SERIES	
200		Common	
		No Par	
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 Andrew Wilkes		Date 1-19-23	
Signature of Authorized Representative <i>Andrew Wilkes</i>			

MAIL TO:
 Division of Business Services
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