



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000789375		2. Exact name of the Corporation Premier Staffing Source, Inc.			
3. Principal Office Address 4640 Forbes Blvd. Suite 200A			City Lanham	State MD	Zip 20706
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island Temporary Help Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Myrna Cooks			Vice-President Name Simone Cooks		
Street Address 703 Amer Drive			Street Address 15508 Tibberton Ter		
City Fort Washington	State MD	Zip 20744	City Upper Marlboro	State MD	Zip 20774
Secretary Name Simone Cooks			Treasurer Name Myrna Cooks		
Street Address 15508 Tibberton Ter			Street Address 703 Amer Drive		
City Upper Marlboro	State MD	Zip 20774	City Fort Washington	State MD	Zip 20744
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAY VALUE
			100	Common	\$.01
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 Myrna L. Cooks				Date 03-29-2023	
Signature of Authorized Representative FILED					

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

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