



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

2023 DEC 18 A 8:35

1. Entity ID Number 0001698811		2. Exact name of the Corporation Peter Staffing Inc.			
3. Principal Office Address 71 Asqah Dr			City North Kingstown	State RI	Zip 02852
4. NAICS Code 813993		6. Brief description of the character of business conducted in Rhode Island Staffing/Labor			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lili Lin			Vice-President Name		
Street Address 71 Asqah Dr			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Lili Lin			Treasurer Name		
Street Address 71 Asqah Dr			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lili Lin			Director Name		
Street Address 71 Asqah Dr			Street Address		
City North Kingstown	State RI	Zip 02852	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		
			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 Lili Lin					Date 12/15/23
Signature of Authorized Representative Lili Lin					

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

DEC 18 2023
BY ml G DGMH

FORM 630- Revised 04/2023

8:36