|                                                                                                                                                       | State of Rhode Island<br>Office of the Secretary of State                                                                                | Fee: \$50.00        |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|--|--|--|--|
|                                                                                                                                                       | Division Of Business Services                                                                                                            |                     |  |  |  |  |  |
|                                                                                                                                                       | 148 W. River Street                                                                                                                      |                     |  |  |  |  |  |
| 1(2)                                                                                                                                                  | Providence RI 02904-2615                                                                                                                 |                     |  |  |  |  |  |
| 1030                                                                                                                                                  | (401) 222-3040                                                                                                                           |                     |  |  |  |  |  |
| Foreign Busines                                                                                                                                       | ss Corporation                                                                                                                           |                     |  |  |  |  |  |
| Annual Report<br>Filing Period: Febru                                                                                                                 | uary 1 - May 1                                                                                                                           |                     |  |  |  |  |  |
|                                                                                                                                                       | R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to                                                                          |                     |  |  |  |  |  |
| file its annual report within thirty (30) days after the time prescribed by law<br>(R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. |                                                                                                                                          |                     |  |  |  |  |  |
| (N.I.G.L. 7-1.2-130                                                                                                                                   |                                                                                                                                          |                     |  |  |  |  |  |
| ANNUAL REPORT                                                                                                                                         | <b>YEAR - ENTER THE CURRENT YEAR 2024</b> : <u>2024</u>                                                                                  |                     |  |  |  |  |  |
| 1. Corporate ID No. 000124403                                                                                                                         |                                                                                                                                          |                     |  |  |  |  |  |
| 2. Name of Corporation Triad Personnel Services, Inc.                                                                                                 |                                                                                                                                          |                     |  |  |  |  |  |
| 3. Street Address                                                                                                                                     | Principal Business Office:                                                                                                               |                     |  |  |  |  |  |
| No. and Street:                                                                                                                                       | 7751 BELFORT PARKWAY                                                                                                                     |                     |  |  |  |  |  |
|                                                                                                                                                       | SUITE 150                                                                                                                                |                     |  |  |  |  |  |
| City or Town:                                                                                                                                         | JACKSONVILLEState: FLZip: 32256                                                                                                          | Country: <u>USA</u> |  |  |  |  |  |
| 4. Business Phon                                                                                                                                      | e No.                                                                                                                                    |                     |  |  |  |  |  |
|                                                                                                                                                       |                                                                                                                                          |                     |  |  |  |  |  |
|                                                                                                                                                       |                                                                                                                                          |                     |  |  |  |  |  |
| 5. State of Incorp                                                                                                                                    | oration                                                                                                                                  |                     |  |  |  |  |  |
| State: <u>IL</u>                                                                                                                                      |                                                                                                                                          |                     |  |  |  |  |  |
|                                                                                                                                                       |                                                                                                                                          |                     |  |  |  |  |  |
|                                                                                                                                                       | NAICS CODE                                                                                                                               |                     |  |  |  |  |  |
| -                                                                                                                                                     | NAICS Code that best describes the primary business conducted of codes <u>here.</u> More information on <u>NAICS</u> can be found online | •                   |  |  |  |  |  |
| <u>561320</u>                                                                                                                                         |                                                                                                                                          |                     |  |  |  |  |  |
| 6. Brief Descriptio                                                                                                                                   | on of the Character of Business Conducted in Rhode Island                                                                                |                     |  |  |  |  |  |
|                                                                                                                                                       |                                                                                                                                          |                     |  |  |  |  |  |
| STAFFING                                                                                                                                              |                                                                                                                                          |                     |  |  |  |  |  |
| 7. Names and Addresses of the Officers and Directors:                                                                                                 |                                                                                                                                          |                     |  |  |  |  |  |
| All officers and directors must be listed.                                                                                                            |                                                                                                                                          |                     |  |  |  |  |  |
|                                                                                                                                                       |                                                                                                                                          |                     |  |  |  |  |  |

| Title               | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country    |
|---------------------|------------------------------------------------|---------------------------------------------------------------|
| TREASURER           | KIM THORPE                                     | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| SECRETARY           | ALEX P. STUCKEY                                | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| DIRECTOR, PRESIDENT | DEREK E. DEWAN                                 | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| DIRECTOR            | CARL CAMDEN                                    | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| DIRECTOR            | DARLA D. MOORE                                 | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| DIRECTOR            | MATTHEW GORMLY                                 | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| DIRECTOR            | PETER J. TANOUS                                | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| DIRECTOR            | THOMAS VETRANO                                 | SUITE 150 7751 BELFORT PARKWAY<br>JACKSONVILLE, FL 32256 USA  |
| DIRECTOR            | JYRL JAMES                                     | 7751 BELFORT PARKWAY, SUITE 150<br>JACKSONVILLE, FL 32256 USA |
| DIRECTOR            | DAVID SANDBERG                                 | 7751 BELFORT PARKWAY, SUITE 150<br>JACKSONVILLE, FL 32256 USA |
| DIRECTOR            | J. RANDALL WATERFIELD                          | 7751 BELFORT PARKWAY, SUITE 150<br>JACKSONVILLE, FL 32256 USA |
| DIRECTOR            | WILLIAM M. ISAAC                               | 7751 BELFORT PARKWAY, SUITE 150<br>JACKSONVILLE, FL 32256 USA |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per<br>Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br><i>Num of</i><br><i>Shares</i> |
|----------------|-----------------|------------------------|------------------------------------------------|----------------------------------------------------------------------|
| CNP            |                 | \$0.0000               | 100.00                                         | 0                                                                    |

9. 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.

**Signed this 24 Day of April, 2024 at 4:51:25 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By ALEX P. STUCKEY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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