



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.

REC'D 2024 MAY 2 10:17:05  
TAMP  
F. S. S. SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 001698623		2. Exact name of the Corporation Computer and Engineering Services, Inc.			
3. Principal Office Address 5555 Gull RD, STE 300			City Kalamazoo	State MI	Zip 49048
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island Skilled Staffing Services.			
5. State of Incorporation Iowa					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Timm Sturgeon			Vice-President Name		
Street Address 5555 Gull RD, STE 300			Street Address		
City Kalamazoo	State MI	Zip 49048	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Tim Griffin			Director Name		
Street Address 5555 Gull RD, STE 300			Street Address		
City Kalamazoo	State MI	Zip 49048	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		50,000		1.00	
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.					
<b>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.</b>					
Name of Authorized Representative Timm Sturgeon				Date 04/29/24	
Signature of Authorized Representative <i>Timm Sturgeon</i>				MAY 02 2024	

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

BY

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