



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024 AMENDED
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 RIDOS BSD
24 JUN 10 PM 12:59:08

1. Entity ID Number 001745558		2. Exact name of the Corporation F&T Global Medical Staffing Agency, Inc.			
3. Principal Office Address 6 Brookdale RD		City N. Providence	State RI	Zip 02904	
4. NAICS Code 561300		6. Brief description of the character of business conducted in Rhode Island EMPLOYMENT SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FLORINDA V. ALMONORD		Vice-President Name Talamon Almonord			
Street Address 6 Brookdale RD		Street Address 6 Brookdale RD			
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
Secretary Name FLORINDA V. ALMONORD		Treasurer Name FLORINDA V. ALMONORD			
Street Address 6 Brookdale RD		Street Address 6 Brookdale RD			
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FLORINDA V. ALMONORD		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	PAR VALUE	
		500		0.01	
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 FLORINDA V. ALMONORD				Date 6/10/2024	
Signature of Authorized Representative 					

FILED

JUN 10 2024

BY _____



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 10, 2024 12:59 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

