

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation		N P CONTRACTOR STATE					
Filing period: February 1 - May 1					45	taki, danta	
→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 fee if form is no	t filed by May 31					
Entity ID Number		of the Corporation	)			· ·	
000797850		, King, Richa		ompany, In	С.		
3. Principal Office Address			City	and	State MA	Zip 02062	
470 Washington St, U			1			02002	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island					
561311	Human Ko	Human Resources Staffing and Consulting					
5. State of Incorporation							
NH							
7. List ALL officers (names a	nd addresses)		1	Check	the box to indicate a	n attachment 🔲	
President Name Brendan k	Vice-President Name John Bogosian						
Street Address 470 Washi	Street Address 470 Washington St, Unit #5						
<sup>City</sup> Norwood	State MA	<sup>Z<sub>ip</sub></sup> 02062	City Norwood		State MA	<sup>Zip</sup> 02062	
ecretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)			Check	the box to indicate a	n attachment 🗆	
<sup>Director Name</sup> Brendan Ki	ing		Director N	<sup>ame</sup> John Bogo	osian		
Street Address 470 Washington St, Unit #5			Street Address 470 Washington St, Unit #5				
<sup>City</sup> Norwood	State MA	<sup>Zip</sup> 02062	<sup>City</sup> Norwood		State MA	02062	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu			the box to indicate a		
This information is currently o Department of State.	f record in the	NJMBER OF	SHARES	T	S/SERVES	\$1.00	
		4000		CWP	31.		
Changes require an additional	filing.				-		
11. This report must be execu	uted on behalf of the o	corporation by an a	uthorized re;	presentative. If the	corporation is in the	hands of a re-	
ceiver or trustee, this report r Under penalty of perjury, I d	nust be executed on t	pehalf of the corpor	ation by the	receiver or trustee	eccompanying schi	dules and	
statements, and that all sta	tements contained l	herein are true an	d co <u>rrect.</u>		accompanying sent		
Name of Authorized Represe			Date				
Brendan King					03/10/2025		
Signature of Authorized Repr	esentative		<del></del>		•		
			FII	LED			
MAJL TO:			-		000 0	<u>~}</u>	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2515

Phone: (401) 222-3040 Website: www.sos.n.gov