



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000750521		2. Exact name of the Corporation TRU STAFFING PARTNERS INC.				
3. Principal office address 2-17 51ST AVENUE, #403			City LONG ISLAND CITY	State NY	Zip 11101	
4. Business Phone No. 718-985-2092		5. State of Incorporation NEW YORK				
6. Brief description of the character of business conducted in Rhode Island STAFFING						
President Name JARED COSEGLIA			Vice-President Name ANDREW BRODY			
Street Address 2-17 51ST AVENUE, #403			Street Address 2-17 51ST AVENUE, #403			
City LONG ISLAND CITY	State NY	Zip 11101	City LONG ISLAND CITY	State NY	Zip 11101	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
MAILING ADDRESS (SEE INSTRUCTIONS) <input type="checkbox"/>						
Director Name JARED COSEGLIA			Director Name			
Street Address 2-17 51ST AVENUE, #403			Street Address			
City LONG ISLAND CITY	State NY	Zip 11101	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
MAILING ADDRESS (SEE INSTRUCTIONS) <input type="checkbox"/>						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				200		0

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.

FILED

MAR 18 2013

Signature of Authorized Representative

Date

ANDREW BRODY, CFO/COO

Print or Type Name of Authorized Representative