



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. 000518134		2. Exact name of the Corporation TRADESMEN SERVICES, Inc		
3. Principal office address 9760 Shepard Rd		City Macedonia	State OH	Zip 44056
4. Business Phone No. 440-349-3432		5. State of Incorporation OHIO		
6. Brief description of the character of business conducted in Rhode Island Construction Labor Support				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Joseph O. Wesley		Vice-President Name C. William Klausman		
Street Address 9760 Shepard Rd		Street Address 9760 Shepard Rd		
City Macedonia	State OH	Zip 44056	City Macedonia	State OH
Secretary Name Joseph O. Wesley		Treasurer Name Joseph O. Wesley		
Street Address 9760 Shepard Rd		Street Address 9760 Shepard Rd		
City Macedonia	State OH	Zip 44056	City Macedonia	State OH
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Joseph O. Wesley		Director Name C. William Klausman		
Street Address 9760 Shepard Rd		Street Address 9760 Shepard Rd		
City Macedonia	State OH	Zip 44056	City Macedonia	State OH
Director Name John Marko		Director Name		
Street Address 9760 Shepard Rd		Street Address		
City Macedonia	State OH	Zip 44056	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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
		0	cap	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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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 FILED

JUL 01 2013

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.

Signature of Authorized Representative: Joseph A. Feeley CPA Date: 4/17/13
 Print or Type Name of Authorized Representative: Joseph A. Feeley CPA

RECEIVED
 SECRETARIAT OF STATE
 CORPORATIONS DIV
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