



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** 2012

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.<br>000518134  |             | 2. Exact name of the Corporation<br>TRADESMEN SERVICES, INC         |                   |              |
| 3. Principal office address<br>9760 Shepard Rd   |             | City<br>Macedonia   | State<br>OH       | Zip<br>44056 |
| 4. Business Phone No.<br>2140-349-3432   |             | 5. State of Incorporation<br>OH                                     |                   |              |
| 6. Brief description of the character of business conducted in Rhode Island<br>Construction Labor Support  |             |   |                   |              |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |             |   |                   |              |
| President Name<br>Joseph O. Wesley   |             | Vice-President Name<br>C. William Klausman                          |                   |              |
| Street Address<br>9760 Shepard Rd  |             | Street Address<br>9760 Shepard Rd                                   |                   |              |
| City<br>Macedonia  | State<br>OH | Zip<br>44056  | City<br>Macedonia | State<br>OH  |
| Secretary Name<br>Joseph O. Wesley   |             | Treasurer Name<br>Joseph O. Wesley                                  |                   |              |
| Street Address<br>9760 Shepard Rd  |             | Street Address<br>9760 Shepard Rd                                   |                   |              |
| City<br>Macedonia  | State<br>OH | Zip<br>44056  | City<br>Macedonia | State<br>OH  |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |             |   |                   |              |
| Director Name<br>Joseph O. Wesley  |             | Director Name<br>C. William Klausman                                |                   |              |
| Street Address<br>9760 Shepard Rd  |             | Street Address<br>9760 Shepard Rd                                   |                   |              |
| City<br>Macedonia  | State<br>OH | Zip<br>44056  | City<br>Macedonia | State<br>OH  |
| Director Name<br>John Marko  |             | Director Name<br>-  |                   |              |
| Street Address<br>9760 Shepard Rd  |             | Street Address<br>-   |                   |              |
| City<br>Macedonia  | State<br>OH | Zip<br>44056  | City<br>-         | State<br>-   |
| 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   | CUP               | 0            |

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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

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.

Joseph A. Feeley, III 3/15/13  
 Signature of Authorized Representative Date

Railon A Fuller  
 Print or Type Name of Authorized Representative

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