



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. 147636		2. Exact name of the Corporation Agency Solutions International, Inc.			
3. Principal office address 2054 Vista Parkway, Suite 300			City West Palm Beach	State Florida	Zip 33411
4. Business Phone No. 561-227-6500		5. State of Incorporation Florida			
6. Brief description of the character of business conducted in Rhode Island Professional Employer Organization					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark Perlberg			Vice-President Name Terry Mayotte		
Street Address 2054 Vista Parkway, Suite 300			Street Address 2054 Vista Parkway, Suite 300		
City West Palm Beach	State Florida	Zip 33411	City West Palm Beach	State Florida	Zip 33411
Secretary Name Mark Perlberg			Treasurer Name Terry Mayotte		
Street Address 2054 Vista Parkway, Suite 300			Street Address 2054 Vista Parkway, Suite 300		
City West Palm Beach	State Florida	Zip 33411	City West Palm Beach	State Florida	Zip 33411
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mark Perlberg			Director Name Terry Mayotte		
Street Address 2054 Vista Parkway, Suite 300			Street Address 2054 Vista Parkway, Suite 300		
City West Palm Beach	State Florida	Zip 33411	City West Palm Beach	State Florida	Zip 33411
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		Common		\$0.01	

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 CORPORATIONS DIV
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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

FILED

MAR 19 2014

By 19-220083
A.A. 9:58 A.M.

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] **03/19/2014**
 Signature of Authorized Representative Date
Mark Perlberg
 Print or Type Name of Authorized Representative