



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 BUS SVCS. DIV.  
 2020 NOV 12 P 12:06

**Annual Report for the year: 2020 Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>001702756</b>		2. Exact name of the Corporation <b>AMERICAN PERSONNEL, INC.</b>			
3. Principal Office Address <b>133 FEDERAL STREET</b>			City <b>BOSTON</b>	State <b>MA</b>	Zip <b>63141</b>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <b>Professional Services- Healthcare Staffing</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <b>Susan E Ball</b>			Treasurer Name		
Street Address <b>6551 Park of Commerce Blvd.</b>			Street Address		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kevin Clark</b>			Director Name <b>William J. Burns</b>		
Street Address <b>6551 Park of Commerce Blvd.</b>			Street Address <b>6551 Park of Commerce Blvd.</b>		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>	City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			25,000	Preferred/ Series A	No Par Value
			11,765	Common	No Par Value
11. 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.					
<b>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.</b>					
Name of Authorized Representative <b>Susan E. Ball - Secretary</b>					Date <b>11.11.2020</b>
Signature of Authorized Representative <i>Susan E Ball</i>			<b>FILED</b> SIGN DOCUMENT HERE		

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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 BY *[Signature]* KV 74 Y  
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