

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000003094

1. Entity Name

TRADESOURCE STAFFING INC.



Principal Place of Business

3649 POST ROAD
WARWICK, RI 02886 US

Mailing Address

3649 POST ROAD
WARWICK, RI 02886 US



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-7045319

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KASKEL, RICHARD
STREET ADDRESS	75 HOLLY HILL LANE
CITY- ST- ZIP	GREENWICH, CT 06830
TITLE	VS
NAME	TREACY, PATRICK T
STREET ADDRESS	75 HOLLY HILL LANE
CITY- ST- ZIP	GREENWICH, CT 06830
TITLE	V
NAME	RIDER, JOHN
STREET ADDRESS	95 STILES ROAD SUITE 208
CITY- ST- ZIP	SALEM, NH 03079
TITLE	PD
NAME	FERRY, JAMES J
STREET ADDRESS	3649 POST ROAD
CITY- ST- ZIP	WARWICK, RI 02886
TITLE	V
NAME	SIGMAN, GORDON
STREET ADDRESS	3649 POST ROAD
CITY- ST- ZIP	WARWICK, RI 02886
TITLE	D
NAME	FOSTER, MICHAEL
STREET ADDRESS	RFE INVESTMENTS 3C GROVE ST
CITY- ST- ZIP	NEW CANAAN, CT 06840

U00000557250
05/17/06-80042-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon Sigman

Date

4/26/06

Daytime Phone #

401-384-6148