

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003094

**Entity Name:** TRADESOURCE STAFFING INC.**Current Principal Place of Business:**205 HALLENE ROAD  
UNIT 211  
WARWICK, RI 02886**Current Mailing Address:**205 HALLENE ROAD  
UNIT 211  
WARWICK, RI 02886 US**FEI Number: 13-7045319****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD  
#221E  
PALM BEACH GARDENS, FL 33410 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           ROSS, ALAN  
Address       155 BROOKSIDE AVE  
City-State-Zip: WEST WARWICK RI 02893

Title           S  
Name           DONOVAN, KEVIN T  
Address       205 HALLENE RD UNIT 211  
City-State-Zip: WARWICK RI 02886

Title           V  
Name           RIDER, JOHN  
Address       175 RANGE ROAD  
City-State-Zip: PITTSFIELD NH 03263

Title           PD  
Name           FERRY, JAMES J  
Address       205 HALLENE RD UNIT 211  
City-State-Zip: WARWICK RI 02886

Title           V  
Name           SIGMAN, GORDON  
Address       205 HALLENE RD UNIT 211  
City-State-Zip: WARWICK RI 02886

Title           D  
Name           LITNER, MICHAEL  
Address       155 BROOKSIDE AVE  
City-State-Zip: WEST WARWICK RI 02893

Title           VP  
Name           WASHER, JEFFREY  
Address       205 HALLENE ROAD  
                  UNIT 211  
City-State-Zip: WARWICK RI 02886

Title           VP  
Name           CERRONE, RICHARD  
Address       9 BLACKSTONE ST  
City-State-Zip: SUTTON MA 01590

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GORDON SIGMAN****VICE PRESIDENT****04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                    VP  
Name                    HOOD, PETER  
Address                176 ABSALONA HILL RD  
City-State-Zip:    CHEPACHET RI 02814  
  
Title                    VP  
Name                    STANTON, PATRICK  
Address                ROUTE 2  
                             BOX 131  
City-State-Zip:    POINT PLEASANT WV 25550

Title                    VP  
Name                    GIBBY, GEORGE  
Address                PO BOX 4013  
City-State-Zip:    MANCHESTER NH 03108