

Form EMP-B

Employee Leasing and/or Temporary Help Co Bond

**Bond of an Employee Leasing Company
and/or Temporary Help Service Company**

Bond Number _____

Know All Men By These Presents:

That _____
individual doing business as _____
a partnership _____
a corporation organized and existing under the laws of the State of _____
a limited liability company organized and existing under the laws of the State of _____
in the city or town of _____ in the State of _____
as principal, and _____
a corporation organized and existing under the laws of the State of _____
and having a principal place of business in the State of _____ and duly
authorized to transact a surety business in the State of Rhode Island and Providence Plantations, as
surety, are holden and stand firmly bound and obligated unto the Tax Administrator of the State of
Rhode Island, in the sum of Fifty Thousand Dollars (\$50,000.00 Dollars) for payment of which well
and truly to be made we bind ourselves, our heirs, executors, administrators, successors and as-
signs, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the principal has made application to the Tax Administrator for certification as an "Employee Leasing Company" under the provisions of Chapter 30 of Title 44 of the 1956 General Laws, as amended to date.

NOW, THEREFORE, If the Tax Administrator shall issue the certificate applied for, and if the principal shall pay all taxes, interest, and penalties prescribed in accordance with the provisions of Chapter 30 of Title 44 of the 1956 General Laws as amended, then this obligation shall be void; otherwise it shall be and remain in full force and effect.

This bond shall be for the period commencing _____ 20_____, and ending _____ 20_____, (the ending date). Cancellation may be effected by any of the parties hereto by giving to each of the parties thirty (30) days notice in writing by registered mail postage prepaid. This bond shall remain In full force and effect for violation of any condition hereof which occurred prior to the effective date of cancellation, for a period of one year and a day after the expiration of this bond as herein provided, unless a certificate be Issued by the Tax Administrator to the effect that all taxes due to the State have been paid.

Witness our hand and seal this _____ day of _____ AD...20_____

NAME OF PRINCIPAL AND CORPORATE SEAL

WITNESS AS TO PRINCIPAL

BY: _____
SIGNATURE AND TITLE

BY: _____
NAME AND TITLE

NAME OF SURETY AND CORPORATE SEAL

WITNESS AS TO SURETY

BY: _____
SIGNATURE AND TITLE

BY: _____
NAME AND TITLE

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STATE OF

COUNTY OF

Personally appeared before me _____
and _____ to me known and known to be the
_____ and _____ of and the persons who executed
the foregoing instrument in behalf of _____, one of the parties to
the foregoing Instrument; and each of them acknowledged said instrument by him signed to be his
free act and deed as such officer and the free act and deed of said _____.

STATE OF

COUNTY OF

Personally appeared before me _____
and _____ to me known and known to be the
_____ and _____ of and the persons who executed
the foregoing instrument in behalf of _____, one of the parties to
the foregoing Instrument; and each of them acknowledged said instrument by him signed to be his
free act and deed as such officer and the free act and deed of said _____.

STATE OF

COUNTY OF

Personally appeared before me _____
and to be the person executing the foregoing instrument as Principal and he acknowledged the same
to be his free act and deed.

**BOND
OF
EMPLOYEE LEASING COMPANY
TO THE
TAX ADMINISTRATOR
OF THE
STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS**

Principal