



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 97845		2. Name of Corporation N & N EMPLOYMENT AGENCY INC.			
3. Street Address Principal Business Office 198 DOUGLAS AVE. SUITE 1B			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 401-272-0882		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island EMPLOYMENT PLACEMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SOUPHANH KHENMY			Vice President Name OUDONE KOUNLAVOUTH		
Street Address 198 DOUGLAS AVE. SUITE 1B			Street Address 198 DOUGLAS AVE. SUITE 1B		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name KHINGTHONG VONGPHOUMY			Treasurer Name HOLLY VONGPHOUMY		
Street Address 198 DOUGLAS AVE. SUITE 1B			Street Address 198 DOUGLAS AVE. SUITE 1B		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SOUPHANH KHENMY			Director Name OUDONE KOUNLAVOUTH		
Street Address 198 DOUGLAS AVE. SUITE 1B			Street Address 198 DOUGLAS AVE. SUITE 1B		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name KHINGTHONG VONGPHOUMY			Director Name HOLLY VONGPHOUMY		
Street Address 198 DOUGLAS AVE. SUITE 1B			Street Address 198 DOUGLAS AVE. SUITE 1B		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	NO PAR VALUE		200	COMMOM	NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

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: SOUPHANH KHENMY Date: _____
Print or Type Name: SOUPHANH KHENMY
Title: PRESIDENT

File Date: FILED
Check No: JUL 24 2008
By: By 06/19/08 2:25
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