

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 2005

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.					
Street Address Principal Business Office 198 DOUGLAS AVE. SUITE 1B		City PROVIDENCE	State RI	<i>Хир</i> 02908		
4. Business Phone No. 401-272-0882			on			
6. Brief Description of the Character EMPLOYMENT PLACEME	NT		r a - Valgerennennen e var 25 v. a daglandenne	on in the street of the second		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name SOUPHANH KHENMY			TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name OUDONE KOUNLAVOUTH			
Street Address 198 DOUGLAS AVE. SUITE 1B			Street Address 198 DOUGLAS AVE. SUITE 1B			
City PROVIDENCE	State RI	<i>Ζψ</i> 02908	City PROVIDENCE	State RI	<i>Хър</i> 02908	
Secretary Name KHINGTHONG VONGPHOUMY			Treasurer Name HOLLY VONGPHOUMY			
Street Address 198 DOUGLAS AVE. SU	ved Address 98 DOUGLAS AVE. SUITE 1B		Street Address 198 DOUGLAS AVE. SUITE 1B		41	
City PROVIDENCE	State RI	^{Zip} 02908	PROVIDENCE	State RI	02908	
	OF THE DIRECTOR	S: ("X" BOX FOR	А <i>TTAGHNENT)</i> , □ FILL IN SPA	CES BEFORE USING AT	TACHMENTS TO D	
Director Name SOUPHANH KHENMY			OUDONE KOUNLAVOUTH			
Street Adulress			Street Address			
198 DOUGLAS AVE. SUITE 1B		T	198 DOUGLAS AVE. SU			
PROVIDENCE	State RI	^{Zip} 02908	City PROVIDENCE	State RI	プル ゴー アので 029083 日子	
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	<i>Zip</i> 02908	City PROVIDENCE	State RI	Zip 02908	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		MARNO 🗆	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be executed	on behalf of the corr	oration by an author	rized representative. If the corpor	ation is in the hands of :	a receiver or trustee	

this report must be executed on behalf of the corporation by the receiver or trustee.

	FILED	Under penalty of perjury, I declare and affirm that I have examined this repincluding any accompanying schedules and statements, and that all statements	
File Date	JUL 2 4 2008	contained herein and true and chreect. Signature Date	
Check No. By: FOR SECRETARY OF STATE USE	2:25	SOUPHANH KHENMY Print or Type Name PRESIDENT	
FOR SECRETARY OF STATE USE	2.0N1.X	Title Form 630 Rev. 12/06	