



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |   |   |                     |           |
|--|--------------------|---|---|---------------------|-----------|
| 1. Entity ID No.<br><b>109988</b>  |                    | 2. Exact name of the Corporation<br><b>THE BOOKKEEPING ADVANTAGE INC.</b> |   |                     |           |
| 3. Principal office address<br><b>35 READ STREET</b>   |                    | City<br><b>RIVERSIDE</b>  | State<br><b>RI</b>  | Zip<br><b>02915</b> |           |
| 4. Business Phone No.<br><b>401-437-0052</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                          |   |                     |           |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>BOOKKEEPING AND PAYROLL SERVICES</b>                                     |                    |   |   |                     |           |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                     |           |
| President Name<br><b>JOYCE A. SABINS</b>   |                    |   | Vice-President Name   |                     |           |
| Street Address<br><b>35 READ STREET</b>  |                    |   | Street Address  |                     |           |
| City<br><b>RIVERSIDE</b>   | State<br><b>RI</b> | Zip<br><b>02915</b>   | City  | State               | Zip       |
| Secretary Name   |                    |   | Treasurer Name  |                     |           |
| Street Address   |                    |   | Street Address  |                     |           |
| City   | State              | Zip   | City  | State               | Zip       |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                     |           |
| Director Name<br><b>JOYCE A. SABINS</b>  |                    |   | Director Name   |                     |           |
| Street Address<br><b>35 READ STREET</b>  |                    |   | Street Address  |                     |           |
| City<br><b>RIVERSIDE</b>   | State<br><b>RI</b> | Zip<br><b>02915</b>   | City  | State               | Zip       |
| Director Name  |                    |   | Director Name   |                     |           |
| Street Address   |                    |   | Street Address  |                     |           |
| City   | State              | Zip   | City  | State               | Zip       |
| 9. SHARES AUTHORIZED   |                    |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |           |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. |                    |   | NUMBER OF SHARES  | CLASS/SERIES        | PAR VALUE |
|  |                    |   | 100   | STK                 | NPV       |
|  |                    |   |   |                     |           |

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.

**FILED**

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

JAN 30 2013

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.

*Joyce A. Sabins*  
 Signature of Authorized Representative

01/29/2013

Date

**JOYCE A. SABINS, PRESIDENT**

Print or Type Name of Authorized Representative

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*MME*  
*CR # 1408*