RI SOS Filing Number: 201436597430 Date: 03/03/2014 4:00 PM

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

BUSINESS CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation		
109988	**THE BOOKKEEPING ADVANTAGE INC.**		
3. Principal office address: **35 READ STREET**	City: **RIVERSIDE**	State: **RI**	Zip: 02915
4. Business Phone No.: **401-437-0052**	5. State of Incorporation: **RHODE ISLAND**		
6. Brief description of the character of business conducted in Rhode Island: **BOOKKEEPING SERVICES**			

7. LIST ALL OFFICERS & DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **JOYCE A. SABINS**			Vice-President Name: **JOYCE A. SABINS**		
Street Address: **35 READ STREET**			Street Address: **35 READ STREET**		
City: **RIVERSIDE**	State: **RI**	Zip: **02915**	City: **RIVERSIDE**	State: **RI**	Zip: **02915**
Secretary Name: **JOYCE A. SABINS**			Treasurer Name: **JOYCE A SABINS**		
Street Address: **35 READ STREET**			Street Address: **35 READ STREET**		
City: **RIVERSIDE**	State: **RI**	Zip: **02915**	City: **RIVERSIDE**	State: **RI**	Zip: **02915**
Benefit Officer (if applicable)			Benefit Director (if applicable)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2014 MAR -3 AM 11:32
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED | **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		**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.

File Date _____ **FILED** 11:32 AM
Check No _____ MAR 03 2014
By: _____
FOR SECRETARY OF STATE USE ONLY By: 218820 KM

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 of Authorized Representative — Date: 2/27/14

JOYCE A. SABINS
Print or Type Name of Authorized Representative

Form No. 633
Revised: 07/2013
103470-2-949198