RI SOS Filing Number: 201436772620 Date: 03/04/2014 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

PROFIT 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			
142383	Advantage Employment Service Inc.			
3. Principal office address		City	State	Zip
197 Stanwood St		Providence	RI	02907
4. Business Phone No.		5. State of Incorporation		
401-228-6670		Rhode Island		
6. Brief description of the character of business conducted in Rhode Island				
To own and operate a business as an employment agency, both temporary and permanent				

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

President Name			Vice-President Name		
Sophan Luy			Sophan Luy		
Street Address			Street Address		
10 Summer Ct			10 Summer Ct		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	Smithfield	RI	02917
Secretary Name			**Treasurer Name**		
Sophan Luy			Sophan Luy		
Street Address			Street Address		
10 Summer Ct			10 Summer Ct		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	Smithfield	RI	02917

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Sophan Luy					
Street Address			Street Address		
10 Summer Ct					
City	State	Zip	City	State	Zip
Smithfield	RI	02917			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000 $100 Par Value		

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
MAR 04 2014

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY BY

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.

3/3/14
Signature of Authorized Representative — Date

Sophan Luy (President)
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103586-38-953001