



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 2015

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. 91388		2. Exact name of the Corporation PAY DAY INC			
3. Principal office address 429 MAIN STREET; PO BOX 405		City WARREN	State RI	Zip 02885	
4. Business Phone No. 401-245-8900 X13		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island BUSINESS OF HUMAN CAPITAL MANAGEMENT					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name HIRUM A JAMIEL II			Vice-President Name SAME		
Street Address 429 MAIN STREET; PO BOX 405			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name HIRUM A JAMIEL II			Director Name N/A		
Street Address 429 MAIN STREET; PO BOX 405			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT		
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
			500		NONE

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

OCT 27 2015

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.

10-22-2015

Signature of Authorized Representative

Date

HIRUM A JAMIEL II, PRESIDENT

Print or Type Name of Authorized Representative