



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Profit Corporation Annual Report for the year:

2016

Filing period: January 1 - March 1

2016 AUG 31 AM 11:33

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

1. Entity ID Number		2. Exact name of the Corporation			
1092515		DEL SOL Employment Agency Inc			
3. Principal Office Address		City	State	Zip	
590 Armstrong ST		Providence	RI	02907	
4. Business Phone Number		5. State of Incorporation			
401-369-8378		RI			
6. Brief description of the character of business conducted in Rhode Island					
Employment Agency					
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>	
President Name		Vice-President Name			
Julio C Jimenez		Cesar M Mateo			
Street Address		Street Address			
48 CORINTH ST		94 MOORE ST			
City	State	Zip	City	State	Zip
Providence	RI	02907	Providence	RI	02907
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100		0	
11. 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.					
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.					
Name of Authorized Representative				Date	
Cesar M Mateo				08-31-2016	
Signature of Authorized Representative				SIGN DOCUMENT HERE	
Cesar M Mateo					

AUG 31 2016

BY Cesar M Mateo 282535