



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 142383		2. Exact name of the Corporation Advantage Employment Service, Inc.	
3. Principal Office Address 192 Stanwood Street		City Providence	State RI
		Zip 02907	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Employment services, temporary and permanent		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sophan Lay		Vice-President Name Sophan Lay	
Street Address 10 Summer Court		Street Address 10 Summer Court	
City Smithfield	State RI	Zip 02917	City Smithfield
Secretary Name Sophan Lay		Treasurer Name Sophan Lay	
Street Address 10 Summer Court		Street Address 10 Summer Court	
City Smithfield	State RI	Zip 02917	City Smithfield
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sophan Lay		Director Name	
Street Address 10 Summer Court		Street Address	
City Smithfield	State RI	Zip 02917	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1000	Common
			\$1
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 Sophan Lay (President)			Date 2/24/17
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 24 2017

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