RI SOS Filing Number: 201858309220 Date: 2/14/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
154540	**Advantage Investment Group, Inc.**

3. Principal Office Address	City	State	Zip
192 Stanwood Street	**Providence**	**RI**	**02907**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	**Real Estate investment**
5. State of Incorporation: **Rhode Island**	53139D

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Sophan lay	**Sophan Lay**
Street Address: **10 Summer Court**	Street Address: **10 Summer Court**
City: **Smithfield** State: **RI** Zip: **02917**	City: **Smithfield** State: **RI** Zip: **02917**
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** State: **RI** Zip: **02917**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Sophan Lay	
Street Address: **10 Summer Court**	Street Address:
City: **Smithfield** State: **RI** Zip: **02917**	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000 No Par Value	**Common**	**No Par Value**

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
Sophan Lay (President)	**2/9/2018**

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 14 2018
BY 4108 DS

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

FORM 630 - Revised: 02/2017