



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

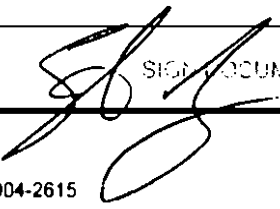
Annual Report for the year: **2018**

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 154540		2. Exact name of the Corporation Advantage Investment Group, Inc.	
3. Principal Office Address 192 Stanwood Street		City Providence	State RI
		Zip 02907	
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island Real Estate investment		
5. State of Incorporation Rhode Island	531390		
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Sophan lay		Vice-President Name Sophan Lay	
Street Address 10 Summer Court		Street Address 10 Summer Court	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Sophan Lay		Treasurer Name Sophan Lay	
Street Address 10 Summer Court		Street Address 10 Summer Court	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Sophan Lay		Director Name	
Street Address 10 Summer Court		Street Address	
City Smithfield	State RI	City	State
Zip 02917		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		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 Sophan Lay (President)			Date 2/9/2018
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 14 2018
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