



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

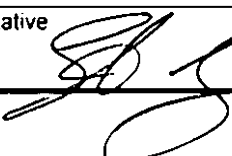
Annual Report for the year: **2018**

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 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 Pub	6. Brief description of the character of business conducted in Rhode Island Employment services, temporary and permanent		
5. State of Incorporation Rhode Island	812990		
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	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 2/9/2018	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov

FILED

FEB 14 2018

BY

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FORM 630 - Revised: 02/2017