



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

Annual Report for the year: 2019
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 000535141		2. Exact name of the Corporation US Temp Agency Inc.	
3. Principal Office Address 7260 Post Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 561300	6. Brief description of the character of business conducted in Rhode Island Temporary Employment Service		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Josephine Hong		Vice-President Name Nathalie Hong	
Street Address 1000 Old Greenwich Drive		Street Address 1000 Old Greenwich Drive	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name Nathalie Hong		Treasurer Name Josephine Hong	
Street Address 1000 Old Greenwich Drive		Street Address 1000 Old Greenwich Drive	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		200	\$0.0100
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 Josephine Hong			Date 02/20/19
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

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BY 1261 DS

FORM 630 - Revised: 10/2017