



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1333  
401.222.3041

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107923		2. Name of Corporation Access Employment of Rhode Island, Inc.			
3. Street Address Principal Business Office 1230 Elmwood Ave.			City Providence	State RI	Zip 02907
4. Business Phone No. (401) 461-9118		5. State of Incorporation RI			6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island employment agency					

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Jim Keomorokot			Vice President Name None		
Street Address 37 Hope St.			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Jim Keomorokot			Treasurer Name Jim Keomorokot		
Street Address 37 Hope St.			Street Address 37 Hope St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Jim Keomorokot			Director Name Robert Travis		
Street Address 37 Hope St.			Street Address 36 Lark St.		
City Pawtucket	State RI	Zip 02860	City Fall River	State MA	Zip 02724
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00	100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer \_\_\_\_\_ Date 2/24/05  
Jim Keomorokot  
Print or Type Name of Officer  
President

**FILED**  
File Date FEB 24 2005 2361  
Check No. \_\_\_\_\_  
By KB



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107923		2. Name of Corporation Access Employment of Rhode Island, Inc.			
3. Street Address Principal Business Office 1230 Elmwood Ave.			City Providence	State RI	Zip 02907
4. Business Phone No. (401) 461-9118		5. State of Incorporation RI		6. SIC Code 7732	
7. Brief Description of the Character of Business Conducted in Rhode Island employment agency					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b> ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jim Keomorokot			Vice President Name None		
Street Address 37 Hope St.			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Jim Keomorokot			Treasurer Name Jim Keomorokot		
Street Address 37 Hope St.			Street Address 37 Hope St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b> ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jim Keomorokot			Director Name Robert Travis		
Street Address 37 Hope St.			Street Address 36 Lark St.		
City Pawtucket	State RI	Zip 02860	City Fall River	State MA	Zip 02724
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED</b> ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> <b>11. SHARES ISSUED</b> ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00	100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer: [Signature] Date: 2/15/04  
Print or Type Name of Officer: Jim Keomorokot  
Title of Officer: President

File Date: 2/17/04  
Check No.: 2144  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107923  
2. Name of Corporation Access Employment of Rhode Island, Inc.  
3. Street Address Principal Business Office 1230 Elmwood Ave. Providence RI 02907  
4. Business Phone No. (401) 461-9118  
5. State of Incorporation RI  
6. SIC Code 7732

7. Brief Description of the Character of Business Conducted in Rhode Island  
employment agency

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Jim Keomorokot Street Address 37 Hope St. City State Zip Pawtucket RI 02860	Vice President Name None Street Address  City State Zip   
Secretary Name Jim Keomorokot Street Address 37 Hope St. City State Zip Pawtucket RI 02860	Treasurer Name Jim Keomorokot Street Address 37 Hope St. City State Zip Pawtucket RI 02860

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Jim Keomorokot Street Address 37 Hope St. City State Zip Pawtucket RI 02860	Director Name Robert Travis Street Address 36 Lark St. City State Zip Fall River MA 02724
Director Name None Street Address  City State Zip   	Director Name None Street Address  City State Zip   

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1000	Common	\$1.00

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/10/03

Check No.: 1976

By: [Signature]

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.

[Signature]  
Signature of Officer  
Jim Keomorokot

Print or Type Name of Officer  
President

2/05/03  
Date



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-133  
401-277-304



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107923  
 2. Name of Corporation ACCESS EMPLOYMENT OF RHODE ISLAND, INC.  
 3. Street Address Principal Business Office 1230 Elmwood Ave. Providence RI 02907  
 4. Business Phone No. (401) 461-9118  
 5. State of Incorporation Rhode Island  
 6. SIC Code 7732  
 7. Brief Description of the Character of Business Conducted in Rhode Island employment agency

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name Jim Keomorokot  
 Vice President Name None  
 Street Address 31 Arnold St.  
 City Lincoln State RI Zip 02865  
 Secretary Name Jim Keomorokot  
 Street Address 31 Arnold St.  
 City Lincoln State RI Zip 02865  
 Treasurer Name Jim Keomorokot  
 Street Address 31 Arnold St.  
 City Lincoln State RI Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name Jim Keomorokot  
 Street Address 31 Arnold St.  
 City Lincoln State RI Zip 02865  
 Director Name Robert Travis  
 Street Address 36 Lark St.  
 City Fall River State MA Zip 02724  
 Director Name None  
 Street Address  
 City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1000	Common	\$1.00

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3-8-02

Check No.: 1767

By: [Signature]

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.

Signature of Officer: [Signature] Date: 2/28/02

Print or Type Name of Officer: Jim Keomorokot

President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107923 2. Name of Corporation Access Employment of RI Inc.  
3. Street Address Principal Business Office 1230 Elmwood Ave City Providence State RI Zip 02907  
4. Business Phone No. (508)678-3318 5. State of Incorporation Rhode Island 6. SIC Code 7732

7. Brief Description of the Character of Business Conducted in Rhode Island  
Employment Agency

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name	Vice President Name
<u>Jim Keomorokot</u>	<u>None</u>
Street Address	Street Address
<u>31 Arnold Street</u>	
City	City
<u>Lincoln</u>	<u>Lincoln</u>
State	State
<u>RI</u>	<u>RI</u>
Zip	Zip
<u>02865</u>	<u>02865</u>

Secretary Name	Treasurer Name
<u>Jim Keomorokot</u>	<u>Jim Keomorokot</u>
Street Address	Street Address
<u>31 Arnold Street</u>	<u>31 Arnold Street</u>
City	City
<u>Lincoln</u>	<u>Lincoln</u>
State	State
<u>RI</u>	<u>RI</u>
Zip	Zip
<u>02865</u>	<u>02865</u>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name	Director Name
<u>Jim Keomorokot</u>	<u>Robert Travis</u>
Street Address	Street Address
<u>31 Arnold Street</u>	<u>36 Lark Street</u>
City	City
<u>Lincoln</u>	<u>Fall River</u>
State	State
<u>RI</u>	<u>MA</u>
Zip	Zip
<u>02865</u>	<u>02724</u>
Director Name	Director Name
<u>None</u>	<u>None</u>
Street Address	Street Address
City	City
State	State
Zip	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>Common</u>	<u>\$1.00</u>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>\$1.00</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust

File Date: 2/20  
Check No.: 1338  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: [Signature] Date: 2/15/2002  
Print or Type Name of Officer: Jim Keomorokot  
President



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3046



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107923** 2. Name of Corporation **Access Employment of RI, Inc.** State **RI** Zip **02907**  
3. Street Address Principal Business Office **1230 Elmwood Ave.** City **Providence** 6. SIC Code **7732**  
4. Business Phone No. **(508) 678-3318** 5. State of Incorporation **RHODE ISLAND**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Jim Keomorokot** Vice President Name **None**  
Street Address **31 Arnold St.** Street Address   
City **Lincoln** State **RI** Zip **02865** City  State  Zip   
Secretary Name **Jim Keomorokot** Treasurer Name **Jim Keomorokot**  
Street Address **31 Arnold St.** Street Address **31 Arnold St.**  
City **Lincoln** State **RI** Zip **02865** City **Lincoln** State **RI** Zip **02865**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Jim Keomorokot** Director Name **Robert Travis**  
Street Address **31 Arnold St.** Street Address **36 Lark St.**  
City **Lincoln** State **RI** Zip **02865** City **Fall River** State **MA** Zip **02724**  
Director Name **None**  
Street Address   
City  State  Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000		\$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 7 9 2 3 \*

File Date: 2-16-00  
Check No.: 1041  
By: AMF

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/8/2000  
Print or Type Name of Officer Jim Keomorokot  
Title of Officer President