



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 26 2021

BY

1723
[Signature]

Annual Report for the year: 2021
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 AGENCY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02818	City EAST GREENWICH	State RI	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	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPHINE HONG			Director Name NATHALIE HONG		
Street Address 1000 OLD GREENWICH DRIVE			Street Address 1000 OLD GREENWICH DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		PAR VALUE
					0.01
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 01/07/2021	
Signature of Authorized Representative <i>Josephine Hong</i>					