



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 08 2023
 BY 1782 DS

1. Entity ID Number 000535141		2. Exact name of the Corporation: US TEMP AGENCY, INC	
3. Principal Office Address 50 MCKAY CT		City WARWICK	State RI
		Zip 02889	
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 50 MCKAY CT		Street Address 50 MCKAY CT	
City WARWICK	State RI	Zip 02889	City WARWICK
			State RI
			Zip 02889
Secretary Name NATHALIE HONG		Treasurer Name JOSEPHINE HONG	
Street Address 50 MCKAY CT		Street Address 50 MCKAY CT	
City WARWICK	State RI	Zip 02889	City WARWICK
			State RI
			Zip 02889
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 50 MCKAY CT		Street Address 50 MCKAY CT	
City WARWICK	State RI	Zip 02889	City WARWICK
			State RI
			Zip 02889
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	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 03/06/2023
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