RI SOS Filing Number: 202446992950 Date: 2/20/2024 4:00:00 PM

FILED

FEB 2 0 2024

BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation		
142383	Advantage Employment Service, Inc.		
3. Principal Office Address	City	State	Zip
192 Stanwood Street	Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
81 Other Services	Employment services, temporary and permanent		
5. State of Incorporation			
Rhode Island			

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 Ct.			Street Address: 10 Summer Ct.		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Sophan Lay			Treasurer Name: Sophan Lay		
Street Address: 10 Summer Ct.			Street Address: 10 Summer Ct.		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	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 Ct.			Street Address		
City: Smithfield	State: RI	Zip: 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
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	Date
Sophan Lay (President)	2/14/2024

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

FORM 630- Revised 12/2023