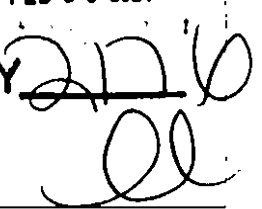


FILED

FEB 20 2024

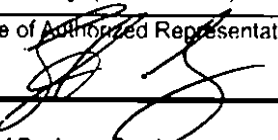
BY 

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 142383		2. Exact name of the Corporation Advantage Employment Service, Inc.			
3. Principal Office Address 192 Stanwood Street			City Providence	State RI	Zip 02907
4. NAICS Code 81 Other Services		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
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 1000	CLASS/SERIES Common	PAR VALUE \$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 Sophan Lay (President)				Date 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