

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

pn:-	FILED	`*
1	MAR 0 6 2025	STAMP
By	1001	FOR SECREBITOR STATE IN OF T

→ Penalty: Additional \$25.00 f									
Entity ID Number	2. Exact name of the Corporation								
000535141									
3. Principal Office Address			City		State	Zip			
50 MCKAY CT			WARW		RI	02889			
4. NAICS Code	NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
561300	TEMPORARY EMPLOYMENT AGENCY								
5. State of Incorporation	1								
RHODE ISLAND									
7. List ALL officers (names and addresses)  Check the box to Indicate an attachment									
President Name JOSEPHINE H	Vice-President Name NATHALIE HONG								
Street Address 50 MCKAY CT	Street Address 271 CHANNEL VIEW								
<sup>City</sup> WARWICK	State RI	<sup>Zip</sup> 02889	CITY		State RI	<sup>Zlp</sup> 02889			
Secretary Name NATHALIE HO	Treasurer Name JOSEPHINE HONG								
Street Address 271 CHANNEL	Street Address 50 MCKAY CT								
City WARWICK	State RI	<sup>Zip</sup> 02889	City WARWICK		State RI	<sup>Zip</sup> 02889			
8. List ALL directors (names and addresses)  Check the box to indicate an attachment [									
Director Name JOSEPHINE H	Director Name NATHALIE HONG								
Street Address 50 MCKAY CT			Street Address 271 CHANNEL VIEW						
<sup>City</sup> WARWICK	State RI	<sup>Zip</sup> 02889	City WARWICK		State RI	Zip 02889			
Director Name	Director Nar	Director Name							
Street Address	Street Address								
City	State	Zip	City		State	Zip			
9. Shares Authorized		10, Shares Iss			ck the box to indicate an attachment				
This information is currently of reco	NUMBER OF SHARES		CLASS	CLASS/SERIES PAR VALUE					
Department of State.	200	200		.01					
Changes require an additional filing									
11. This report must be executed o	on behalf of the	corporation by an a	authorized repr	esentative. If the	corporation is in the	hands of a re-			
ceiver 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	Date of a local							
JOSEPHINE HONG	03/	03/03/25							
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