



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
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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1. Entity ID Number 001772880		2. Exact name of the Corporation Recruiter Exchange Inc.			
3. Principal Office Address 1900 Jay Ell Drive			City Richardson	State TX	Zip 75081
4. NAICS Code 561320	6. Brief description of the character of business conducted in Rhode Island Staffing Agency				
5. State of Incorporation Texas					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tinh Tieu			Vice-President Name None		
Street Address 3400 Bluffs Lane			Street Address None		
City Parker	State TX	Zip 75082	City None	State None	Zip None
Secretary Name Jeremy Prassl			Treasurer Name Jodi Cagle		
Street Address 4813 Ravendale Drive			Street Address 7817 Morningdew Drive		
City Richardson	State TX	Zip 75082	City Plano	State TX	Zip 75025
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tinh Tieu			Director Name Jeremy Prassl		
Street Address 3400 Bluffs Lane			Street Address 4813 Ravendale Drive		
City Parker	State TX	Zip 75082	City Richardson	State TX	Zip 75082
Director Name Jodi Cagle			Director Name None		
Street Address 7817 Morningdew Drive			Street Address None		
City Plano	State TX	Zip 75025	City None	State None	Zip None
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		PAR VALUE	
		1000	CWP	\$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 Jodi Cagle				Date 9/10/2025	
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

FILED

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BY RA 120 Revised: 12/2023

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