

REC'D RIDGESS
25 OCT 14 AM 10:42:33State 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

1. Entity ID Number 001712606		2. Exact name of the Corporation English One Teaching Services, Inc.			
3. Principal Office Address TWO EDUCATION CIRCLE			City CAMBRIDGE	State MA	Zip 02141
4. NAICS Code 611000		6. Brief description of the character of business conducted in Rhode Island PROVIDE ONLINE ENGLISH LANGUAGE SERVICES			
5. State of Incorporation FLORIDA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name FAYE LU			Vice-President Name NONE		
Street Address TWO EDUCATION CIRCLE			Street Address		
City CAMBRIDGE	State MA	Zip 02141	City	State	Zip
Secretary Name FAYE LU			Treasurer Name FAYE LU		
Street Address TWO EDUCATION CIRCLE			Street Address TWO EDUCATION CIRCLE		
City CAMBRIDGE	State MA	Zip 02141	City CAMBRIDGE	State MA	Zip 02141
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name WINNIE HUANG			Director Name NONE		
Street Address TWO EDUCATION CIRCLE			Street Address		
City CAMBRIDGE	State MA	Zip 02141	City	State	Zip
Director Name NONE			Director Name NONE		
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 NONE	CLASS/SERIES CNP	PAR VALUE NONE
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. <i>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.</i>					
Name of Authorized Representative FAYE LU				Date OCT 9, 2025	
Signature of Authorized Representative <i>Faye Lu</i>					

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

OCT 14 2025 2:35
 BY *GR576*
 FORM 630- Revised 12/2023