State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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
001712606	English One Teaching Services, Inc.

3. Principal Office Address	City	State	Zip
TWO EDUCATION CIRCLE	CAMBRIDGE	MA	02141

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
611000	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

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
NONE	CNP	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.

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
FAYE LU	Oct 9, 2025

Signature of Authorized Representative: Faye Lu

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 2:32
OCT 14 2025
BY GR516
EG

FORM 630 Revised 12/2023