



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001667840		2. Exact name of the Corporation A GREAT PLACE TO LEARN INC			
3. Principal Office Address 6 FINDLAY PLACE			City NEWPORT	State RI	Zip 02840
4. NAICS Code 61 - Educational Services		6. Brief description of the character of business conducted in Rhode Island TUTORING EDUCATIONAL SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GWENDOLYN GARDNER			Vice-President Name GWENDOLYN GARDNER		
Street Address 6 FINDLAY PLACE			Street Address 6 FINDLAY PLACE		
City NEWPORT	State RI	Zip 02840	City NEWORT	State RI	Zip 02840
Secretary Name GWENDOLYN GARDNER			Treasurer Name GWENDOLYN GARDNER		
Street Address 6 FINDLAY PLACE			Street Address 6 FINDLAY PLACE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GWENDOLYN GARDNER			Director Name		
Street Address 6 FINDLAY PLACE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 <i>Gwendolyn H Gardner</i>				Date 03/15/17	
Signature of Authorized Representative <i>Gwendolyn H Gardner</i>					

FILED

MAR 17 2017

By *[Signature]*