



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>93870</b>		2. Name of Corporation <b>Breakthrough Academy for Research and Training, Inc.</b>		
3. Street Address Principal Business Office <b>55 Memorial Blvd</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. Business Phone No. <b>401-848-7777</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OPERATE A FACILITY TO TRAIN, TEACH AND INSTRUCT ADULT INDIVIDUALS IN BUSINESS CORPORATIONS CONCERNING MOTIVATION RESEARCH AND TRAINING</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Bartholomew J. Sayle</b>		Vice President Name <b>Deborah Whiteway</b>		
Street Address <b>24 Annandale Rd</b>		Street Address <b>24 Annandale Rd</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>
Secretary Name <b>Deborah Whiteway</b>		Treasurer Name <b>Deborah Whiteway</b>		
Street Address <b>24 Annandale Rd</b>		Street Address <b>24 Annandale Rd</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>N/A</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>2,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>	<b>100</b>	<b>common</b>
			<b>\$1.00</b>	
			THIS SECTION MUST BE COMPLETED	

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.



File Date	<b>FILED</b>	93870
Check No.	<b>OCT 15 2007</b>	
By:	<b>By 8580</b>	
FOR SECRETARY OF STATE USE ONLY		

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.

Signature  
**Bartholomew J. Sayle**  
Print or Type Name  
**President**  
Title

Date  
**10/11/07**