RI SOS Filing Number: 200807173000 Date: 01/30/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.	2. Name of Corporation			
104500	Workplace Dynamics, Inc.			
3. Street Address Principal Business Office		City	State	Zip
860 A Waterman Avenue		East Providence	RI	02914
4. Business Phone No.	5. State of Incorporation			
401 433-0045	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Organizational and leadership development consulting

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Debbi-Jo Horton			Stanley P. DeAngelis		
Street Address			Street Address		
P.O. Box 6651			P.O. Box 6651		
City	State	Zip	City	State	Zip
Providence	RI	02940-6651	Providence	RI	02940-6651
Secretary Name			Treasurer Name		
Stanley P. DeAngelis			Debbi-Jo Horton		
Street Address			Street Address		
P.O. Box 6651			P.O. Box 6651		
City	State	Zip	City	State	Zip
Providence	RI	02940-6651	Providence	RI	02940-6651

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Stanley P. DeAngelis			Debbi-Jo Horton		
Street Address			Street Address		
P.O. Box 6651			P.O. Box 6651		
City	State	Zip	City	State	Zip
Providence	RI	02940-6651	Providence	RI	02940-6651
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	No Par Value	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
210	Common	No Par Value

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.

[redacted] [redacted]

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.

Debbi-Jo Horton — *Signature* — 1/14/08 — *Date*

Debbi-Jo Horton
Print or Type Name

[redacted] President
Title

FOR SECRETARY OF STATE USE ONLY	
File Date	FILED
Check No.	JAN 30 2008
By:	By DS-3093
19551-7-223245	

Form 630 Rev. 12/06