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 2009

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.: 151045
2. Name of Corporation: CORPORATE PERFORMANCE PARTNERS, INC.
3. Street Address Principal Business Office: 346 MIDDLE ROAD; City: EAST GREENWICH; State: RI; Zip: 02818
4. Business Phone No.: 401-639-7705
5. State of Incorporation: RI
6. Brief Description of the Character of Business Conducted in Rhode Island: BUSINESS CONSULTING — STRATEGY, MARKETING, SALES

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

President Name: LEONARD I. TINKOFF	Vice President Name:
Street Address: 346 MIDDLE ROAD	Street Address:
City: EAST GREENWICH; State: RI; Zip: 02818	City; State; Zip:
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City; State; Zip:	City; State; Zip:

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

Director Name: LEONARD I. TINKOFF	Director Name:
Street Address: 346 MIDDLE ROAD	Street Address:
City: EAST GREENWICH; State: RI; Zip: 02818	City; State; Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City; State; Zip:	City; State; Zip:

9. SHARES AUTHORIZED 1000

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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
1000	NONE	1¢

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]

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.

Leonard I Tinkoff 2/22/09
Signature *Date*

LEONARD I. TINKOFF
Print or Type Name

PRESIDENT
Title

[redacted]

File Date 2-24-09
Check No. 167
By: MMC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08