

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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation	2. Name of Corporation				
152044	Providence Skills Center, Inc.					
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address		City	Zip	
12/01/05	31 Providence Pl	ace Mall		Providence	RI	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of	of the affairs which are act	ually conducted in Rhode Isla	nd	-		
Training Provider						
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTACHA	MENT)   FILL IN SPACES BE	FORE USING ATTACH	MENTS	
President Name			Vice President Name			
Peter Stipe			Paul Harding			
Street Address			Street Address			
31 Providence Place Mall			31 Providence Place Mall			
Сцу	State	Zip	Cuy	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name			Treasurer Name			
Paul DeRoche			Paul DeRoche			
Street Address			Street Address			
31 Providence Place Mall			31 Providence Place Mall			
City	State	Zip	City	State	Zip	
•	RI	02903	Providence	RI 🕝	02903	
			HMENT) FILL IN SPACES BI			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6					(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Peter Stipe			Paul Harding			
Street Address			Street Address			
31 Providence Place Mall			31 Providence Place Mall			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Paul DeRoche			Director Name			
Street Address			Stroot Address			
31 Providence Place Mall						
City	State	Zip	City	State	Zip	
Providence	RI	02903				
9. REGISTERED AGENT IN I	RHODE ISLAND	•		-	,	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must	be signed by either t	he President, Vice Presi	dent, Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Trustee	

<b>1</b> 52044	Under penalty of perjury, Lecclare and affirm that I have examined t
FILED	report, including any accompanying schedules and statements, and that statements estatement are true and correct.
JUN 2 6 2009  Check No	Signafure Stofficer Date  Signafure Stofficer Date
By:	Print of Type Name of Officer  AESTEY  Title of Officer