



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 152044		2. Name of Corporation Providence Skills Center, Inc.			
3. State of Incorporation 12/01/05		4. Corporate address in Rhode Island - Street Address 31 Providence Place Mall		City Providence	Zip RI
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Training Provider					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter Stipe			Vice President Name Paul Harding		
Street Address 31 Providence Place Mall			Street Address 31 Providence Place Mall		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Paul DeRoche			Treasurer Name Paul DeRoche		
Street Address 31 Providence Place Mall			Street Address 31 Providence Place Mall		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Peter Stipe			Director Name Paul Harding		
Street Address 31 Providence Place Mall			Street Address 31 Providence Place Mall		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Paul DeRoche			Director Name		
Street Address 31 Providence Place Mall			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. REGISTERED AGENT IN 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 the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

152044

FILED

File Date **JUN 26 2009**
Check No. **By 1399**
By: _____

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 of Officer **Peter Stipe** Date **6-15-09**
Print or Type Name of Officer
Peter Stipe
Title of Officer **President**