



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. 147740		2. Name of Corporation Innovation Partners International			
3. Street Address Principal Business Office 100 SPARTINA COVE WAY		City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. (401) 782-6090		5. State of Incorporation MAINE			
6. Brief Description of the Character of Business Conducted in Rhode Island ORGANIZATION DEVELOPMENT CONSULTING, TRAINING, AND FACILITATION SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ADA JO MANN		Vice President Name N/A			
Street Address 5411 41 ST ST. NW		Street Address			
City WASHINGTON	State DC	Zip 20015	City	State	Zip
Secretary Name N/A		Treasurer Name ROBERT LALIBERTE			
Street Address		Street Address 326 SEBAGO RD			
City	State	Zip	City SEBAGO	State ME	Zip 04029
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ADA JO MANN		Director Name ROBERT LALIBERTE			
Street Address 5411 41 ST ST. NW		Street Address 326 SEBAGO RD			
City WASHINGTON	State DC	Zip 20015	City SEBAGO	State ME	Zip 04029
Director Name CATHERINE MCKENNA		Director Name JOANNE DAYKIN			
Street Address 3874 TWIN ELM RD, RR #2		Street Address 4064 OLD ALMONTE RD.			
City RICHMOND	State ON	Zip K0A 2Z0	City ALMONTE	State ON	Zip K0A 1A0
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	Comm	\$.01 PAR VALUE	900	Common	A .01

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 of the receiver or trustee.

FILED
AUG 17 2009

By *[Signature]*

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] 7/27/09
Signature Date

Jon Hartzel Silbert
Print or Type Name

File Date _____
Check No. _____
By: _____

INNOVATION PARTNERS INTERNATIONAL DIRECTORS, continued

Michael J. Feinson
2300 Wisconsin Ave NW, Suite G101, Washington, DC 20007

Roselyn Kay
4929 Crescent Street, Bethesda, MD 20816

Bernard J. Mohr
211 Marginal Way, Suite #761, Portland, ME 04101

Anthony Silbert
100 Spartina Cove Way, Wakefield, RI 02879

Jen Hetzel Silbert
100 Spartina Cove Way, Wakefield, RI 02879