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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 2010

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			
125025	Infinite Potential Program, Inc.			
3. Street Address Principal Business Office		City	State	Zip
521 Park Avenue		Cranston	RI	02910
4. Business Phone No.	5. State of Incorporation			
401-781-3374	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Instruction center for reading, language and learning disabilities.

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

President Name			Vice President Name		
Victor M. Pedro			Victor M. Pedro		
Street Address			Street Address		
521 Park Avenue			521 Park Avenue		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name			Treasurer Name		
Victor M. Pedro			Victor M. Pedro		
Street Address			Street Address		
521 Park Avenue			521 Park Avenue		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910

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

Director Name			Director Name		
None.					
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Common

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	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.

Victor M. Pedro 2/15/10
Signature *Date*

Victor M. Pedro
Print or Type Name

[redacted] President
Title

125025
File Date FILED
Check No.
FEB 22 2010
By: By 1533
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Form 630 Rev. 12/06