



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000153390		2. Exact name of the Corporation The Forum Corporation of North America			
3. Principal office address 265 Franklin Street, 4th Floor			City Boston	State MA	Zip 02210
4. Business Phone No. 941-554-3500			5. State of Incorporation DE		
6. Brief description of the character of business conducted in Rhode Island Licensing of training programs and providing training					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Andrew Graham			Vice-President Name Marc Levine		
Street Address 265 Franklin Street, 4th Floor			Street Address 101 Arthur Andersen Pkwy, Ste 100		
City Boston	State MA	Zip 02210	City Sarasota	State FL	Zip 34232
Secretary Name Thomas C. Etter			Treasurer Name Kevin Donagher		
Street Address 17 State Street, 32nd Floor			Street Address One Research Drive		
City New York	State NY	Zip 10004	City Westborough	State MA	Zip 01581
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas C. Etter			Director Name Kenneth Bruce Bohlin		
Street Address 17 State Street, 32nd Floor			Street Address One Research Drive		
City New York	State NY	Zip 10004	City Westborough	State MA	Zip 01581
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000.00	CWP	\$0.0100

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 25 2013

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.

Marc Levine 2/13/13
 Signature of Authorized Representative Date

Marc Levine
 Print or Type Name of Authorized Representative

By *mmc*
CR #1003330