



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 2014

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. 93870		2. Exact name of the Corporation Breakthrough Academy for Research and Training, Inc.			
3. Principal office address c/o G. Fater, 55 Memorial Blvd		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-848-7777		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island to operate a facility to train, teach & instruct adult individuals in business corporations concerning motivation research and training.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bartholomew J. Sayle			Vice-President Name Deborah Whiteway		
Street Address 33 Catherine St			Street Address 33 Catherine St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Bartholomew J. Sayle			Treasurer Name Bartholomew J. Sayle		
Street Address 33 Catherine St			Street Address 33 Catherine St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name		
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			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
			100	common	\$1.00

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

DEC 20 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.

Bartholomew J. Sayle 12/30/2013
Signature of Authorized Representative Date
Bartholomew J. Sayle, President
Print or Type Name of Authorized Representative

gmd
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