



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

2015

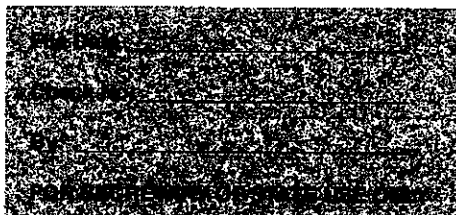
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 125900		2. Exact name of the Corporation Joseph Schechtman & Associates Inc.			
3. Principal office address 27 Linden Road		City Barrington		State RI	Zip 02806
4. Business Phone No. 401-243-0032		5. State of Incorporation RI			
8. Brief description of the character of business conducted in Rhode Island Business, educational institution, and individual coaching for empowerment and leadership, teaching managers how to build high performance teams.					
President Name Joseph Schechtman			Vice-President Name Lauren Schechtman		
Street Address 27 Linden Road			Street Address 27 Linden Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. List all directors, officers, and authorized signatories for the corporation					
Director Name			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
10. Number of shares			11. Number of shares		
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 100	CLASS/SERIES common	PAR VALUE none

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.



FILED

OCT 27 2015

By 259541

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.

Joseph Schechtman 10/20/15
Signature of Authorized Representative Date
Joseph Schechtman

Print or Type Name of Authorized Representative