



STATE OF RHODE ISLAND AND PROVIDENCE PLANTINGS
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

2013

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.

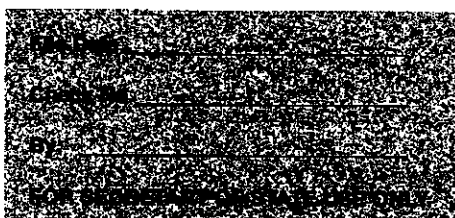
1. Entity ID No. 125900		2. Exact name of the Corporation Joseph Schechtman & Associates Inc	
3. Principal office address 27 Linden Road		City Barrington	State RI
4. Business Phone No. 401-245-0032		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island 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	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
7. List all directors (Name and addresses, if not all attach them) ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. Changes to information ☐			
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	CLAIMS/SHARES
		100	common
		PAY 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.

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



Form No. 630

By 259541

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