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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 2010

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.	2. Exact name of the Corporation
125900	Joseph Schechtman & Associates INC

3. Principal office address	City	State	Zip
27 Linden Road	Barrington	RI	02806

4. Business Phone No.	5. State of Incorporation
401-245-0032	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.

7. LIST ALL PRESIDENT(S) AND VICE-PRESIDENT(S) (NAMES AND ADDRESSES) (☐ "X" BOX FOR ATTACHMENT)

President Name	Vice-President Name
Joseph Schechtman	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

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (☐ "X" BOX FOR ATTACHMENT)

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

9. SHARES AUTHORIZED

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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	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
9:19 AM
OCT 27 2015
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By ICM

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2015 OCT 27 P 1:00
RHODE ISLAND
SECRETARY OF STATE

File Date:
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

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

126975-7-1062551