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 2015

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. **000155080**	2. Exact name of the Corporation **American Safety Programs & Training Inc**

3. Principal office address	City	State	Zip
622 Woonasquatucket Avenue	**North Providence**	**RI**	**02911**

4. Business Phone No.	5. State of Incorporation
401-273-6900	**RI**

6. Brief description of the character of business conducted in Rhode Island
Teach CPR ,First Aid , and EMT Progrmas

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Albert Peterson			**None**		
Street Address **28 Forest View Drive**			Street Address		
City **North Providence**	State **RI**	Zip **02911**	City	State	Zip
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		
None			**None**		
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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1.000	stk	$0.01

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 _____ **FILED**

Check No _____

By: _____ DEC 09 2015

FOR SECRETARY OF STATE USE ONLY

BY 262833

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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.

Albert Peterson — **12/02/2015**
Signature of Authorized Representative — Date

Albert Peterson
Print or Type Name of Authorized Representative

2015 DEC -9 AM 9:48

Form No. 630
Revised: 01/2012

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