



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000678402		2. Name of Corporation Soft Skills Learning Products, Inc.			
3. Street Address Principal Business Office 85 Oakland Avenue			City Seekonk	State MA	Zip 02771
4. Business Phone No. 401-864-4640		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Import and wholesale of learning products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jack T. Grant			Vice President Name		
Street Address 85 Oakland Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Jack T. Grant			Treasurer Name Jack T. Grant		
Street Address 85 Oakland Avenue			Street Address 85 Oakland Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jack T. Grant			Director Name		
Street Address 85 Oakland Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares Class/Series Par Value		
			100 Shares Common Stock of \$.01 par value		

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

JAN 21 2016

KL 1017

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.

Jack T. Grant
Signature

1/15/16
Date

Jack T. Grant

Print or Type Name

President

Title