



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

2016

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. <u>000686015</u> | | 2. Exact name of the Corporation <u>BARBRI INC</u> | | | |
| 3. Principal office address <u>9400 N CENTRAL EXPY STE 613</u> | | City <u>DALLAS</u> | | State <u>TX</u> | Zip <u>75231</u> |
| 4. Business Phone No. <u>(214) 932.0903/0910</u> | | 5. State of Incorporation <u>DELAWARE</u> | | | |
| 6. Brief description of the character of business conducted in Rhode Island <u>BAR REVIEW</u> | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>MICHAEL SIMS</u> | | | Vice-President Name | | |
| Street Address <u>9400 N CENTRAL EXPY STE 613</u> | | | Street Address | | |
| City <u>DALLAS</u> | State <u>TX</u> | Zip <u>75231</u> | City | State | Zip |
| Secretary Name <u>JACQUES GALANTE</u> | | | Treasurer Name / CFO <u>DANIEL WILSON</u> | | |
| Street Address <u>9400 N CENTRAL EXPY STE 613</u> | | | Street Address <u>9400 N CENTRAL EXPY STE 613</u> | | |
| City <u>DALLAS</u> | State <u>TX</u> | Zip <u>75231</u> | City <u>DALLAS</u> | State <u>TX</u> | Zip <u>75231</u> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name <u>JEFFREY LEEDS</u> | | | Director Name <u>STEPHEN FREDETTE</u> | | |
| Street Address <u>9400 N CENTRAL EXPY STE 613</u> | | | Street Address <u>9400 N CENTRAL EXPY STE 613</u> | | |
| City <u>DALLAS</u> | State <u>TX</u> | Zip <u>75231</u> | City <u>DALLAS</u> | State <u>TX</u> | Zip <u>75231</u> |
| Director Name <u>JACQUES GALANTE</u> | | | Director Name <u>ERIC GEVEDA</u> | | |
| Street Address <u>9400 N CENTRAL EXPY STE 613</u> | | | Street Address <u>9400 N CENTRAL EXPY STE 613</u> | | |
| City <u>DALLAS</u> | State <u>TX</u> | Zip <u>75231</u> | City <u>DALLAS</u> | State <u>TX</u> | Zip <u>75231</u> |
| 9. SHARES AUTHORIZED | | | 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | <u>7,500,000.00</u> | <u>CWP</u> | <u>0.0100</u> |
| | | | | | |

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

File Date FEB 12 2016

Check No. 00109099

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.

Bonnie Grafton 2/14/2016
Signature of Authorized Representative Date

Bonnie Grafton
Print or Type Name of Authorized Representative