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.	2. Exact name of the Corporation			
000686015	BARBRI INC			
3. Principal office address		City	State	Zip
9400 N CENTRAL EXPY STE 613		DALLAS	TX	75231
4. Business Phone No.		5. State of Incorporation		
(214) 932.0903/0910		DELAWARE		

6. Brief description of the character of business conducted in Rhode Island
BAR REVIEW

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

President Name			Vice-President Name		
MICHAEL SIMS					
Street Address			Street Address		
9400 N CENTRAL EXPY STE 613					
City	State	Zip	City	State	Zip
DALLAS	TX	75231			
Secretary Name			Treasurer Name / CFO		
JACQUES GALANTE			DANIEL WILSON		
Street Address			Street Address		
9400 N CENTRAL EXPY STE 613			9400 N CENTRAL EXPY STE 613		
City	State	Zip	City	State	Zip
DALLAS	TX	75231	DALLAS	TX	75231

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

Director Name			Director Name		
JEFFREY LEEDS			STEPHEN FREDETTE		
Street Address			Street Address		
9400 N CENTRAL EXPY STE 613			9400 N CENTRAL EXPY STE 613		
City	State	Zip	City	State	Zip
DALLAS	TX	75231	DALLAS	TX	75231
Director Name			Director Name		
JACQUES GALANTE			ERIC GEVEDA		
Street Address			Street Address		
9400 N CENTRAL EXPY STE 613			9400 N CENTRAL EXPY STE 613		
City	State	Zip	City	State	Zip
DALLAS	TX	75231	DALLAS	TX	75231

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.	7,500,000.00	CWP	0.0100

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 ON 109099
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.

Signature of Authorized Representative — Date: 2/4/2016

Bonnie Grafton
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012