



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. 795379		2. Exact name of the Corporation Kaplan Tutoring Services Inc.			
3. Principal office address 5 Karen Drive		City Barrington	State RI	Zip 02806	
4. Business Phone No. 401-595-9350		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TUTORING SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cynthia C. Kaplan			Vice-President Name		
Street Address 5 Karen Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Daniel S. Kaplan			Treasurer Name Cynthia C. Kaplan		
Street Address 5 Karen Drive			Street Address 5 Karen Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			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
			100	common	\$0.01

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 17 PM 2:30

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE

FEB 17 2016

267837

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.

Cynthia C. Kaplan
Signature of Authorized Representative Date

Cynthia C. Kaplan

Print or Type Name of Authorized Representative