



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

2017 JAN 24 PM 12:44

1. Entity ID Number 101240		2. Exact name of the Corporation RHODE ISLAND COMMUNITY TRAINING CENTER INC.			
3. Principal Office Address 25 SOUTHWICK DRIVE		City LINCOLN		State R.I.	Zip 02865
4. NAICS Code 54161		6. Brief description of the character of business conducted in Rhode Island MEDICAL TRAINING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GERRY MARK McVEIGH CEO			Vice President Name JAMES THEODORE RICHARD COO		
Street Address 25 SOUTHWICK DRIVE			Street Address 25 SOUTHWICK DRIVE		
City LINCOLN		State R.I.	Zip 02865	City LINCOLN	
State R.I.		Zip 02865		State R.I.	
Zip 02865		City LINCOLN		State R.I.	
City LINCOLN		State R.I.		Zip 02865	
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State		Zip	
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.			NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE 10-FAR
Changes require an additional filing.					
11. 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. 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.					
Name of Authorized Representative GERRY MARK McVEIGH				Date 24 JANUARY 2017	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FORM 630 - Revised 10/2016

JAN 24 2017

BY 0294009