



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 <u>101240</u>		2. Exact name of the Corporation <u>RHODE ISLAND COMMUNITY TRAINING CENTER INC.</u>	
3. Principal Office Address <u>25 SOUTHWICK DRIVE</u>		City <u>LINCOLN</u>	State <u>R.I.</u>
Zip <u>02865</u>			
4. NAICS Code <u>54161</u>	6. Brief description of the character of business conducted in Rhode Island <u>MEDICAL TRAINING</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>GERRY MARK McVEIGH CEO</u>		Vice President Name <u>JAMES THEODORE RICHARD COO</u>	
Street Address <u>25 SOUTHWICK DRIVE</u>		Street Address <u>25 SOUTHWICK DRIVE</u>	
City <u>LINCOLN</u>	State <u>R.I.</u>	City <u>LINCOLN</u>	State <u>R.I.</u>
Zip <u>02865</u>		Zip <u>02865</u>	
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>600</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>NO-PAR</u>	
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 <u>GERRY MARK McVEIGH</u>		Date <u>24 JANUARY 2017</u>	
Signature of Authorized Representative <u>[Signature]</u>			

## 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

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BY

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