RI SOS Filing Number: 201733717900 Date: 02/06/2017 4:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
103229	A FRESH PERSPECTIVE INC

3. Principal Office Address	City	State	Zip
486 NAUSAUKET ROAD	WARWICK	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
56 - Administrative and Sup	SALES & SEMINAR CONSULTING AND RECRUITING, TRAINING, PRODUCTION OF AUDIO & VIDEO TAPES FOR INTERVIEWING
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: LYN CONWAY			Vice-President Name: LYN CONWAY		
Street Address: 486 NAUSAUKET ROAD			Street Address: 486 NAUSAUKET ROAD		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
Secretary Name: LYN CONWAY			Treasurer Name: LYN CONWAY		
Street Address: 486 NAUSAUKET ROAD			Street Address: 486 NAUSAUKET ROAD		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$.01

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: LYN CONWAY

Date: 2/6/17

Signature of Authorized Representative

SIGN DOCUMENT HERE **FILED**

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

149016-27-1187987

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BY 6255

KM

FORM 630 - Revised: 10/2016