



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.

STAMP
 FEB 10 2017
 11:36 AM

1. Entity ID Number 000162955	2. Exact name of the Corporation COMPREHENSIVE EDUCATIONAL SERVICES INC.		
3. Principal Office Address 14 MAC LAINE DR		City NORTH PROVIDENCE	State RI
		Zip 02904	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island EDUCATIONAL SERVICES		
5. State of Incorporation R.I.			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RACHEL BLOE			Vice-President Name		
Street Address 14 MAC LAINE DR			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RACHEL BLOE			Director Name		
Street Address 14 MAC LAINE DR			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES
	2000	COMMON
	0	0

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 RACHEL BLOE	Date 2-7-17
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Signature of Authorized Representative *Rachel M. Bloe* 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

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