



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 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 Number 401-595-9350		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island Tutoring services					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cynthia C. Kaplan			Vice-President Name None		
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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	\$0.01	
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 Cynthia C. Kaplan				Date 2/15/17	
Signature of Authorized Representative 					

FILED

FEB 15 2017

MAIL TO:

Division of Business Services

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