



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

Annual Report for the year: 2016
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 766853		2. Exact name of the Corporation The Center of Phenomenological Leadership, Inc.				
3. Principal Office Address 1005 Main Street, Suite 1101			City Pawtucket	State RI	Zip 02860	
4. Business Phone Number: 401-335-3345		6. Brief description of the character of business conducted in Rhode Island Business Training				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Brian Trahan			Vice-President Name			
Street Address 1005 Main Street, Suite 1101			Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip	
Secretary Name			Treasurer Name			
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 Brian Trahan			Director Name			
Street Address 1005 Main Street, Suite 1101			Street Address			
City Pawtucket	State RI	Zip 02860	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	PAR VALUE	
		1000			no par	
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 Brian Trahan, President					Date 11/17/16	
Signature of Authorized Representative 						

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 FEB 27 AM 11:19

SIGN DOCUMENT **FILED**

FEB 27 2017

By 296907
A.A. 11:19 A.M.

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov