



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 100686		2. Exact name of the Corporation CHILDHOOD COMMUNICATION SEMINARS, INC.							
3. Principal Office Address 35 KENT PLACE				City CRANSTON		State RI	Zip 02905		
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island TO AUTHOR, DEVELOP AND DISTRIBUTE ALL TYPES OF PROFESSIONAL LITERATURE AND SEMINAR MATERIALS.							
5. State of Incorporation RHODE ISLAND									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name BARRY M. PRIZANT				Vice-President Name ELAINE C. MEYER					
Street Address 35 KENT PLACE				Street Address 35 KENT PLACE					
City CRANSTON		State RI	Zip 02905		City CRANSTON		State RI	Zip 02905	
Secretary Name ELAINE C. MEYER				Treasurer Name BARRY M. PRIZANT					
Street Address 35 KENT PLACE				Street Address 35 KENT PLACE					
City CRANSTON		State RI	Zip 02905		City CRANSTON		State RI	Zip 02905	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name NONE				Director Name					
Street Address				Street Address					
City		State	Zip		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	
				400		COMMON		\$1.00	
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. <i>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.</i>									
Name of Authorized Representative BARRY M. PRIZANT						Date 02/25/2017			
Signature of Authorized Representative <i>X Barry Prizant</i>									

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
 MAR 06 2017
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