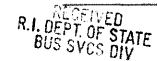
RI SOS Filing Number: 201745605860 Date: 6/16/2017 10:25:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017AMENDED Non-Profit Corporation



2017 JUN 16 AM 10: 25

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation				
000062166	CPE Associates, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	presentation of seminars for accountants				
4. NAICS Code					
611310 - Colleges, Univer ▼					
6. Principal Office Address			City	State	Zip
250C Centerville Road			Warwick	RI	02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Everett A. Marabian, Sr.			Vice-President Name John J. Mathias		
Street Address 20 Bentley Road			Street Address 144 Westminster Street		
City Warwick	State RI	^{Zip} 02888	City Providence	State RI	^{Zip} 02903
Secretary Name Michael Canole			Treasurer Name Armen R. Garabedian		
Street Address 150 Summit Drive			Street Address 250C Centerville Road		
^{City} Cranston	State RI	^{Zip} 02920	City Warwick	State RI	^{Zip} 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Everett A. Marabian, Sr.			Director Name John J. Mathias		
Street Address 20 Bentley Road			Street Address 144 Westminster Street		
City Warwick	State RI	^{Zip} 02888	City Providence	Slate RI	^{Zip} 02903
Director Name Michael Canole			Director Name Armen R. Garabedian		
Street Address 150 Summit Drive			Street Address 250C Centerville Road		
^{City} Cranston	State RI	^{Zip} 02920	^{City} Warwick	State RI	^{Zip} 02886
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representati				ive, Receiver or Trustee	t
Name of Officer/Authorized Representative Everett A. Marabian, Sr.				6/13/2017	
Signature of Officer/Authorized Representative 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

BY Le 10: 45

JUN 1 6 2017

FORM 631 - Revised: 05/2017

RI SOS Filing Number: 201745605860 Date: 6/16/2017 10:25:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 16, 2017 10:25 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

