**State of Rhode Island and Providence Plantations**
**Office of the Secretary of State**

**Fee: $20.00**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

## Foreign Non-Profit Annual Report

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 001661554

**2. Name of Corporation** Skills for Chicagoland's Future

**3. State of Incorporation**

State: IL

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code 6

813319

**4. Corporate Address in Rhode Island**

No. and Street: 191 N. WACKER DRIVE, SUITE 1150
City or Town: CHICAGO State: RI Zip: 60606 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 191 N. WACKER DRIVE SUITE 1150

City or Town: CHICAGO State: IL Zip: 60606 Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CONSULTING SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title | Individual Name | Address |
|---|---|---|

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | MARIE T. LYNCH | 191 N. WACKER DRIVE<br>CHICAGO, IL 60606 USA |
| VICE PRESIDENT OF FINANCE AND ADMINISTRATION | DANIEL CERVANTES | , |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 20 Day of June, 2017 at 9:45:05 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DANIEL CERVANTES
Signature of Authorized Person

Form No. 631
Revised 09/07

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