



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

FILED

JAN 05 2018

BY 81

Annual Report for the year: **2018**
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 153725		2. Exact name of the Corporation IntelliSkills, Inc.			
3. Principal Office Address 1 Swinburne St		City Jamestown		State RI	Zip 02835
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Software and/or miscellaneous and consulting services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Suzanne Fay			Vice-President Name Peter Fay		
Street Address 1 Swinburne St			Street Address 1 Swinburne St		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Suzanne Fay			Treasurer Name		
Street Address 1 Swinburne St			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		None			
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 Suzanne Fay					Date 1-1-2018
Signature of Authorized Representative 					

MAIL TO:
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