



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

**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 <b>001673678</b>		2. Exact name of the Corporation <b>ePath Learning, Inc.</b>			
3. Principal Office Address <b>300 State Street, Suite 400</b>			City <b>New London</b>	State <b>CT</b>	Zip <b>06320</b>
4. NAICS Code <b>541511,</b>		6. Brief description of the character of business conducted in Rhode Island <b>To Supply a Cloud based Learning Management System software and support of software</b>			
5. State of Incorporation <b>Connecticut</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Dudley Molina</b>			Vice-President Name <b>None</b>		
Street Address <b>14 Bishop Street</b>			Street Address		
City <b>Waterford</b>	State <b>CT</b>	Zip <b>06385</b>	City	State	Zip
Secretary Name <b>Charles Hellings</b>			Treasurer Name <b>Dudley Molina</b>		
Street Address <b>370 Grist Mill Drive</b>			Street Address <b>14 Bishop Street</b>		
City <b>Basking Ridge</b>	State <b>NJ</b>	Zip <b>07920</b>	City <b>Waterford</b>	State <b>CT</b>	Zip <b>06385</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dudley Molina</b>			Director Name <b>Terrance Connell</b>		
Street Address <b>14 Bishop Street</b>			Street Address <b>295 Stonegate Drive</b>		
City <b>Waterford</b>	State <b>CT</b>	Zip <b>06385</b>	City <b>Devon</b>	State <b>PA</b>	Zip <b>19333</b>
Director Name <b>Charles Hellings</b>			Director Name <b>None</b>		
Street Address <b>370 Grist Mill Drive</b>			Street Address		
City <b>Basking Ridge</b>	State <b>NJ</b>	Zip <b>07920</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>10,000</b>		<b>Common</b>	<b>.0000</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Dudley Molina</b>				Date <b>02/20/2018</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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**

**FEB 22 2018**

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