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	2. Exact name of the Corporation
100686	CHILDHOOD COMMUNICATION SEMINARS, INC.

3. Principal Office Address	City	State	Zip
35 KENT PLACE	CRANSTON	RI	02905

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - OTHER SERVICES 813990	TO AUTHOR, DEVELOP AND DISTRIBUTE ALL TYPES OF PROFESSIONAL LITERATURE AND SEMINAR MATERIALS
5. State of Incorporation	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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.

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	Date
BARRY M. PRIZANT	02/12/2018

Signature of Authorized Representative: X [signature]

FILED

FEB 23 2018

BY 776 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017