



State of Rhode Island and Providence Plantations

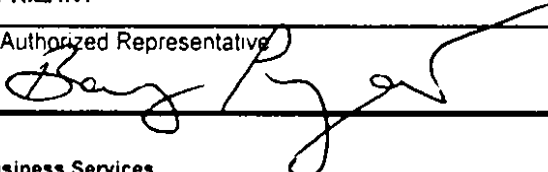
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

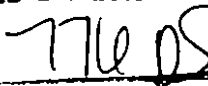
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 100686		2. Exact name of the Corporation CHILDHOOD COMMUNICATION SEMINARS, INC.			
3. Principal Office Address 35 KENT PLACE		City CRANSTON		State RI	Zip 02905
4. NAICS Code 81 - OTHER SERVICES 812990		6. Brief description of the character of business conducted in Rhode Island 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 400	CLASS/SERIES COMMON	PAR VALUE \$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 BARRY M. PRIZANT					Date 02/12/2018
Signature of Authorized Representative 					

FILED

FEB 23 2018

BY



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