



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

Annual Report for the year: **2019**
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 93870		2. Exact name of the Corporation Breakthrough Academy for Research and Training, Inc.			
3. Principal Office Address c/o G Fater, 55 Memorial Blvd			City Newport	State RI	Zip 02840
4. NAICS Code 541910		6. Brief description of the character of business conducted in Rhode Island to operate a facility to train, teach & instruct adult individuals in business corporations concerning motivation research and training			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bartholomew J. Sayle			Vice-President Name Deborah Whiteway		
Street Address 33 Catherine St			Street Address 33 Catherine St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Bartholomew J. Sayle			Treasurer Name Bartholomew J. Sayle		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	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 Bartholomew J. Sayle				Date 01/02/2019	
Signature of Authorized Representative 				FILED DEC 31 2018 KM	

MAIL TO:
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