



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.

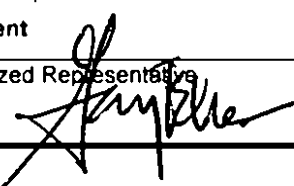
FILED

FEB 28 2019

STAMP

BY

1495

1. Entity ID Number 105264		2. Exact name of the Corporation ADVANCED CELL TRAINING, INC.			
3. Principal Office Address 1 Hall Street		City Warwick		State RI	Zip 02818
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island to provide focus and prayer, to aid health restoration and any and all lawful business relating thereto			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary Blier			Vice-President Name Gary Blier		
Street Address 1 Hall Street			Street Address 1 Hall Street		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Secretary Name Gary Blier			Treasurer Name Gary Blier		
Street Address 1 Hall Street			Street Address 1 Hall Street		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None at this time.			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		CLASS/SERIES	PAR VALUE
		100	Common	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 Gary Blier, President					Date
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

FORM 630 - Revised: 10/2016