



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 132924		2. Name of Corporation KBV Training & Coaching, Inc.			
3. Street Address Principal Business Office 88 SANDY BROOK ROAD			City N. SCITUATE	State RI	Zip 02857
4. Business Phone No. 401-934-4409		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVISION OF TRAINING AND COACHING SERVICES TO MANAGERS AND EXECUTIVES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KAREN B. VENTURINI			Vice President Name SAME		
Street Address 88 SANDY BROOK ROAD			Street Address -		
City North Scituate	State RI	Zip 02857	City -	State -	Zip -
Secretary Name SAME			Treasurer Name SAME		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Karen B. Venturini			Director Name N/A		
Street Address 88 Sandy Brook Road			Street Address -		
City North Scituate	State RI	Zip 02857	City -	State -	Zip -
Director Name N/A			Director Name N/A		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	-0-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-4-05  
Check No. 1129  
By: 2  
FOR SECRETARY OF STATE USE ONLY

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.

Karen B. Venturini 1-31-05  
Signature of Officer Date  
KAREN B. VENTURINI  
Print or Type Name of Officer  
President  
Title of Officer



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President Name KAREN B. VENTURINI			Vice President Name N/A		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			N/A		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 2 9 2 4 \*

File Date 1-21-04  
Check No. 1034  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Karen B. Venturini 1/19/04  
Signature of Officer Date  
KAREN B. Venturini  
Print or Type Name of Officer  
President  
Title of Officer