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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUL 11 AM 11: 34

Annual Report for the year: Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

			<u></u>				
	Entity ID Number Z. Exact name of the Limited Liability Company						
11670513 SOFT SKILLS TRAINING GRO						DUPLIC	
	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
l	541012	IN RU	ining				
	5. State of Formation	and development.					
$\langle $	6. Principal Office Address	HILL	RD	NSWITHFELD	State	0789h	
1	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
	ontact Name DIANE WILBUR			Contact Title CEO			
	SHEEL Address POUNT	DHILL	RD	WSHITHEAD	State 2	zig)28396	
ļ	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
	reet Address			Manager Name			
				Street Address			
	City	State	Zip	City	State	Zip	
	anager Name reet Address			Manager Name			
				Street Address			
	City	State	Zip	City	State	Zip	
Check the box to indicate						cate an attachment	
	9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 542.						
	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.						
1	Name of Authorized Person Date 1 1 2019						
	Signature of Authorized Person PIANE WIBOR						
							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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