



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

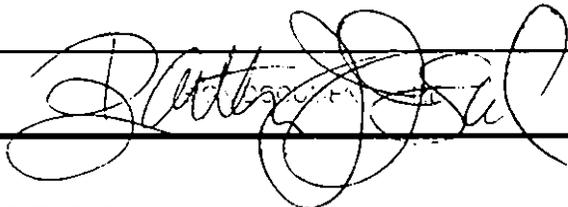
FILED

Annual Report for the year: 2020
Corporation

DEC 18 2019

BY 19117


- 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 <u>541690</u>		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 <u>33 Catherine St.</u>			Street Address <u>33 Catherine St</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
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	CLASS-SERIES	PAR VALUE
			100	common	\$0.010
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 <u>12/16/19</u>
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov