



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93870		2. Name of Corporation Breakthrough Academy for Research and Training, Inc.	
3. Street Address Principal Business Office 55 MEMORIAL BLVD.		City NEWPORT	State RI
4. Business Phone No. 4018487777		5. State of Incorporation RHODE ISLAND	6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A FACILITY TO TRAIN, TEACH AND INSTRUCT ADULT INDIVIDUALS IN BUSINESS CORPORATIONS CONCERNING MOTIVATION RESEARCH AND TRAINING.			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Bartholomew J. Sayle		Vice President Name Deborah Whiteway	
Street Address 24 Annandale Rd		Street Address 24 Annandale Rd	
City Newport	State RI	City Newport	State RI
Secretary Name Deborah Whiteway		Treasurer Name Deborah Whiteway	
Street Address 24 Annandale Rd		Street Address 24 Annandale Rd	
City Newport	State RI	City Newport	State RI
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	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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	Number of Shares	Class/Series
2,000 \$1.00 PAR VALUE		100	common

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



9 3 8 7 0

93870 DBC 08/17/05 08:35:08 AM

File Date 9/15/05

Check No. 5451

By JMI

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.

Signature of Officer

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer

8/17/05
Date

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93870		2. Name of Corporation Breakthrough Academy for Research and Training, Inc.			
3. Street Address Principal Business Office c/o Gregory F. Fater, Esquire			City Newport	State RI	Zip 02840
4. Business Phone No. 401-848-7777		5. State of Incorporation Rhode Island			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a facility to train, teach and instruct adult individuals in business corporations concerning motivation, research, and training.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bartholomew J. Sayle			Vice President Name Deborah Whiteway		
Street Address 24 Annandale Road			Street Address 24 Annandale Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Deborah Whiteway			Treasurer Name Deborah Whiteway		
Street Address 24 Annandale Road			Street Address 24 Annandale Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
2000	Common	\$1.00 par value	100	Common	\$1.00

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



9 3 8 7 0

File Date 8/31/04
Check No. 5846
By: DA

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.

Signature of Officer

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer

Date

8/30/04



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.		2. Name of Corporation		
93870		Breakthrough Academy for Research and Training, Inc.		
3. Street Address Principal Business Office		City	State	Zip
c/o Gregory Fater, 55 Memorial Blvd		Newport	RI	02840
4. Business Phone No.		5. State of Incorporation		6. SIC Code
401-848-7777		RHODE ISLAND		0
7. Brief Description of the Character of Business Conducted in Rhode Island				
adult individuals in business corp. concerning motivation, research & training to operate a facility to train, teach & instruct				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name		Vice President Name		
Bartholomew J. Sayle		Deborah Whiteway		
Street Address		Street Address		
24 Annandale Rd		24 Annandale Rd		
City	State	City	State	Zip
Newport	RI	Newport	RI	02840
Secretary Name		Treasurer Name		
Deborah Whiteway		Deborah Whiteway		
Street Address		Street Address		
24 Annandale Rd		24 Annandale Rd		
City	State	City	State	Zip
Newport	RI	Newport	RI	02840
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
n/a				
Street Address		Street Address		
City	State	City	State	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
2,000	\$1.00 PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value		
100	common	\$1.00		

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



* 9 3 8 7 0 *

FILED

File Date: _____

MAR 26 2003

Check No.: _____

By: By GMA 3817

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.

Bartholomew J. Sayle 3/25/03
Signature of Officer Date

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer





STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

93870

2. Name of Corporation

Breakthrough Academy for Research and Training, Inc.

3. Street Address Principal Business Office

c/o Gregory Fater, 55 Memorial Blvd Newport

City

State

Zip

RI

02840

4. Business Phone No.

401-848-7777

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

to operate a facility to train, teach & instruct adult individuals in business corp. concerning motivation, research & training

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Bartholomew J. Sayle

Vice President Name

Deborah Whiteway

Street Address

24 Annandale Rd

Street Address

24 Annandale Rd

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

Secretary Name

Deborah Whiteway

Treasurer Name

Deborah Whiteway

Street Address

24 Annandale Rd

Street Address

24 Annandale Rd

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1.00

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



* 9 3 8 7 0 *

File Date: 8.2.02

Check No.: 3003

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.

Signature of Officer

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer

5

Date

8/30/02

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
93870

2. Name of Corporation
Breakthrough Academy for Research and Training, Inc.

3. Street Address Principal Business Office

City

State

Zip

c/o Gregory Fater, 55 Memorial Blvd

Newport

RI

02840

4. Business Phone No.

401-848-7777

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island **to operate a facility to train, teach & instruct adult individuals in business corp. concerning motivation, research & training of**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS for any other purpose**

President Name

Bartholomew J. Sayle

Vice President Name

Deborah Whiteway

Street Address

24 Annandale Rd

Street Address

24 Annandale Rd

City

State

Zip

Newport

RI

02840

City

State

Zip

Newport

RI

02840

Secretary Name

Deborah Whiteway

Treasurer Name

Deborah Whiteway

Street Address

24 Annandale Rd

Street Address

24 Annandale Rd

City

State

Zip

Newport

RI

02840

City

State

Zip

Newport

RI

02840

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1200

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



* 9 3 8 7 0 *

File Date: **FILED**

Check No.: **FEB 07 2001**

By: **By 9550**

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.

Signature of Officer

Bartholomew J. Sayle

Date

1/22/01

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation			
93870		Breakthrough Academy for Research and Training, Inc.			
3. Street Address Principal Business Office		City	State	Zip	
c/o G. Fater, 55 Memorial Blvd		Newport	RI	02840	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
401-848-7777	RHODE ISLAND				
7. Brief Description of the Character of Business Conducted in Rhode Island					
to operate a facility to train, teach & instruct adult individuals in business corp. concerning motivation, research & training or for anyother purpose for which a corp. may exist under the laws of RI					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name		Vice President Name			
Bartholomew J. Sayle		Deborah Whiteway			
Street Address		Street Address			
24 Annandale Rd		24 Annandale Rd			
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name		Treasurer Name			
Deborah Whiteway		Deborah Whiteway			
Street Address		Street Address			
24 Annandale Rd		24 Annandale Rd			
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name					
N/A					
Street Address					
City					
State					
Zip					
Director Name					
Street Address					
City					
State					
Zip					
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	\$1.00	PAR VALUE	100	common	\$1.00
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



* 9 3 8 7 0 *

File Date: 3/8/00

Check No.: 8682

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.

Signature of Officer

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer

Date

2/28/00



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 93870		2. Name of Corporation Breakthrough Academy for Research and Training, Inc.			
3. Street Address Principal Business Office c/o G.Fater, 55 memorial Blvd,		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-848-7777		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a facility to train, teach & instruct adult individuals in business corp. concerning motivation, research & training					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 Deborah Whiteway			Treasurer Name Deborah Whiteway		
Street Address 33 Catherine Street			Street Address 33 Catherine Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
2,000	\$1.00	PAR VALUE	100	common	\$1.00

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



* 9 3 8 7 0 *

File Date: Mar 19, 99
Check No.: 7843
By: JS
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.

Signature of Officer

Date

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

93870

Breakthrough Academy for Research and Training, Inc.

3. Street Address Principal Business Office

c/o Gregory F. Fater, 55 Memorial Blvd. Newport

State

RI

Zip

02840

4. Business Phone No.

401-848-7777

5. State of Incorporation

6. SIC Code

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

to operate a facility to train, teach & instruct adult individuals in business corp. concerning motivation, research and training & for any other purpose for which a corp. may exist under the laws of RI

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name
Bartholomew J. Sayle

Vice President Name

Deborah Whiteway

Street Address

33 Catherine St

City

State

Zip

Newport

RI

02840

Secretary Name

Deborah Whiteway

Street Address

33 Catherine St

City

State

Zip

Newport,

RI

02840

Street Address

33 Catherine St

City

State

Zip

Newport

RI

02840

Treasurer Name

Deborah Whiteway

Street Address

33 Catherine St

City

State

Zip

Newport

RI

02840

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

N/A

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1.00

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



* 9 3 8 7 0 *

File Date:

6/10/98

Check No.:

7247

By:

GAN

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.

Signature of Officer

Date

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer