Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

| - | d: January 1 - / BE TYPED IN BL | March 1 • Fil | ling Fee: \$50.00 | | | |
|---------------------------------------|------------------------------------|--------------------------------|---------------------------------------|---|---|-------------------------|
| 1. Corporate II | | ACA) 2 Name of Corpora | ation | | | |
| 93870 | | | Academy for Researc | h and Training,Inc. | | |
| 3. Street Addre: | ss Principal Busine | | | City | State | Zip |
| 55 MEMOR | RIAL BLVD. | | | NEWPORT | RI | 02840 |
| 4. Business Pho 4018487 | | | 3 State of Incorporation RHODE ISLAND | er fra mente mente i semestro valuato de la colorio | | 6 SIC Code |
| | | ter of Business Cond | ucted in Rhode Island | | | Ľ |
| TO OPERAT | B A FACILIT | Y TO TRAIN, T | EACH AND INSTRUCT | ADULTINDIVIDUALS I | N BUSINESS CORPORAT | CIONS CONCERNING |
| 8, NAMES A President Name | AND ADDRESS | nd_training, ES OF THE OFFI | CERS ("Y" BOX FOR ATT | | PACES BEFORE USING AT | ACHMENTS |
| r resideni !vami | • | omew J. Sa | vle | Vice President Name | orah Whtieway | |
| Street Address | | | 7-0 | Street Address | oran whereway | |
| | 24 Annar | ndale Rd | | • | ndale Rd | |
| City | NEwport | State RI | 02840 | NEwport | State RI | Z _{IP} 02840 |
| Secretary Name | •••• | | | Treasurer Name | | |
| | Deborah | Whiteway | • | , Deborah Wh | iteway | |
| Street Address | | | | Street Address | ************************************** | |
| | 24 ANnar | ndale Rd | | 24 ANn | andale Rd | |
| City | | {State | Z p | City | State | Zip |
| | Newport | <u> </u> | 02840 | NEwport | RI | 02840 |
| 9. NAMES A Director Name | <u>and ad</u> dress: N/A | ES OF THE DIRE | ECTORS ("X" BOX FOR A | TTACHMENT) FILL IN Director Name | SPACES BEFORE USING A | TTACHMENTS |
| Street Address | | | مام ومن مسمون و در و دومه | Street Address | | |
| City | | State | Zip | ·Ciņ | State | Zip |
| · | | 1 | | | | |
| Director Name | | | | Director Name | | |
| Street Address | | | | ·Street Address | | |
| <u> </u> | | | | | | |
| City | | State | Zip | .City | State | Zip |
| 10 CHADE | e a tracontak | D ("Y" BOY FOR | | II CILA DEG ICCUED # | Nu nou con arractivation | <u> </u> |
| AUTHORIZE | | D ("X" BOX FOR A | ILIACHMENI) L | H. SUARES ISSUED (" | X" BOX FOR ATTACHMENT | <u> </u> |
| Number of Sha | | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2.000 \$1.0 | 0 PAR VALUE | | | 100 | common | \$1.00 |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| • | | | | ! | | |
| This report | must he signed | I in ink by either | r the President Vice Pr | esident Secretary Ass | istant Secretary, Treasu | rer Receiver or Truste |
| 1 mo report | man oc mg/rea | , | The Fredrick, Fice Fr | estuem. Georgiary, 7133 | istant Secretary, Treasu | er, neceiver or traste |
| | 10 10100 2101 1021 | 1881. a.s. | | | | |
| _ | | | | | | |
| | | | | | | |
| | 9 3 8 | 7 0 | | | erjury, I declare and affirm the | |
| **** | 5000117177 | | | | ig any accompanying schedunts contained herein are true | |
| " 93870 DI | BC 08/17/05 0 | 18:35:08 AM* | | | _1 | 1 |
| File Date | 7/15/ | 103 | - | JARK | <u> </u> | 7/05 |
| Check No. | 545 | 1 | | Significare of Officer | 10 | ate |
| <u></u> | ~~~ | | - | BArtholome Print or Type Name of | ew J. Sayle of Officer | · <u>-</u> |
| В <u>у:</u> | (+M1) | | - | Presiden | | |
| FOR SECRE | TAXY OF STATE | USE ONLY | | Title of Officer | ···· | En- 420 13# |

Title of Officer



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

| 93870 | 2. Name of Corpor Breakthroug | | arch and Training, Inc. | | | |
|----------------------------------|--|---|------------------------------|--|--------------------------|--|
| 3. Street Address Principal | Business Office | | City | State | Zip | |
| | Fater, Esquire | : | Newport | RI | 02840 | |
| 4. Business Phone No. | | 5. State of Incorporati | on | | 6. SIC Code | |
| 401-848-7777 | | Rhode Island | | | 0 | |
| 7. Brief Description of the | Character of Business Con | ducted in Rhode Island | | | | |
| to operate a fac | ility to train, | teach and instruct | t adult individuals | in business corpor | cations concer | |
| 8. NAMES AND ADD | arch-and-trainin RESSES OF THE OFF | a. ICERS <i>("X" BOX FOR A</i> | TTACHMEND) THE INSI | PACECIRE EODE HONO | M'A CHAINNTE | |
| resident ivame | | | Vice President Name | Meiss his one ostro | (TACHER) 13 | |
| Bartholomew J. | Sayle | | Deborah Whitew | ay | | |
| Street Address | • | | | ······································ | | |
| 24 Annandale Ro | oad | | - 24 Annandale R | oad | | |
| City | State | Zip | City | State | -1 \overline{Z}_{ip} | |
| Newport | RI | 02840 | • Newport | RI | 02840 | |
| ecretary Name | | , | Treasurer Name | • • • • • • • • • • • • • | | |
| Deborah Whitewa | ay | | Deborah Whitewa | ay | | |
| Sircei Address | | | * Street Address | | | |
| 24 Annandale Ro | oad | | .24 Annandale Road | | | |
| City | State | Zip | *City | State | Zip | |
| Newport | RI | 02840 | Newport | RI | 02840 | |
| Director Name N/A Street Address | | | Director Name Street Address | | | |
| City | State | Zip | ·City | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | · · · · · · · · · · · · · · · · · · · | | · Sireei Address | | | |
| Ciń | State | Zip | City | State | Ziρ | |
| 10. SHARES AUTHO | RIZED 80 X ROX FOR | TTACHMENTO D SE | UIESHARES ISSUED | I VC BOY EOU ATTACAMAN | | |
| AUTHORIZED SHARES | The state of the s | | ISSUED SHARES | VEBUN FUR ALIACIMEN | <u> </u> | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| **** | | | | | | |
| 2000 | Common | \$1.00 par value | 100 | Common | \$1.00 | |
| | | | | | | |
| | | | | Ì | | |
| This report must be s | ioned in ink by sithe | er the President Vice | President, Secretary, Assi | | | |
| ma report must be s | igned in the by eithe | r ine Fresideni, vice i | resideni, Secretary, Assi | stant Secretary, Treast | irer, Receiver or | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| File Date | 8/31/04 | |
|-------------|-----------------------|---|
| Check No. | 5846 | _ |
| B <u>y:</u> | OA | |
| FOR SECRET | ARY OF STATE USE ONLY | |

| Under penalty of perjury, I declare and al this report, including any accompanying | | | | |
|---|-------------|---------|------------|------|
| and that the statements contained herein a | re true and | Correct | 1 | |
| Signature of Officer | 8 | [30] | 104. | |
| Barthelomew J. Sayle | Date 1 | ı | | |
| Print or Type Name of Officer | <u> </u> | | | |
| President | | | | |
| Title of Officer | | - | Form 630 I | 2/01 |

Edward S. Inman, III. Secretary of State

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

2003

| (FORM MUST BE TYPED OR PRIN | | | . | | |
|---|-----------------------------|---------------------------|--|------------------------|---------------------------------------|
| 1. Corporate ID No. | 2. Name of Corporat | | | , <u>,</u> | |
| 93870 3. Street Address Principal Busines C/OGTEGOTY Fa | s Office | h Academy for Researc | City | State | Zip |
| 4. Business Phone No. | zeer, 33 Hei | S. State of Incorporation | Newport | RI | 02840 6. SIC Code |
| 401-848-7777 7. Brief Description of the Characte | er of Business Conducted in | RHODE ISLAN | | to train, tea | 0 |
| | | | Oncerning motival (CHMENT) FILL IN SPACES Vice President Name | | |
| Bartholomew Street Address | _ | | Deborah Wi | • | |
| 24 Annandale | | ~. | 24 Annanda | | |
| Newport | State RI | 02840 | Newport | State R I | ^{Žip} 02840 |
| Secretary Name Deborah White | eway | • | Treasurer Nome Deborah N | Whiteway | *** |
| Street Address 24 Annandale | D.d | | Street Address | | |
| City | State | Zip | 24 Annand | dale Rd State | • |
| Newport | RI | 02840 | Newport | RI | zip 02840 |
| 9. NAMES AND ADDRES | | CTORS ("X" BOX FOR AT | - | ES BEFORE USING ATTA | · |
| n/ | a | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | •• •••••••• •• |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE | ED (*x* box for atta | CHMENT) | 11. SHARES ISSUED (| "X" BOX FOR ATTACHMENT | , |
| 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



File Date: _

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 all statements contained herein are true and correct.

th

Signature of Officer Bartholomew

Sayle Print or Type Name of Officer

President

Title of Officer

Form 630 12102

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 MU. | ST BE TYPED IN BLA | CK) | | | | | 7 |
|----------------|---------------------------|-----------------------------|---------------------------|----------------------------|-------------------------|--------------------------|----|
| I. Corporate | ID No. | 2. Name of Corpor | atlon | | . | | |
| 9387 | 70 | Breakthrou | gh Academy for Research | and Training.Inc. | | | |
| 3. Street Add | lress Principal Business | Office | - | City | State | Zip | |
| | c/o Grego | ory Fater, | 55 Memorial B | lvd Newport | RI | 02840 | |
| 4. Business I | | | 5. State of Incorporation | | | 6. SIC Code | |
| | 401-848- | • | RHODE ISLAND |) | | 0 | |
| 7. Brief Desc. | | of Business Conducted | CO Op | erate a facilit | y to train, te | ach & instruct | - |
| 8. NAME | adult ind S AND ADDRES | dividuals SES OF THE OFF | in business co | rpconcerning | motivátion.re | searchltrainir | ıg |
| President Na | me | new J. Say | · - | Vice President Name | • | | ٠ |
| | | new o. say | 16 | DeborahoWhi | teway | | 1 |
| Street Addres | 24 Annand | dale Rd | | Street Address 24 Annandal | e Rđ | | ١ |
| City | Newport | State RI | 7.tp 02840 | City | State | Zip | |
| | - | KI | 02040 | Newport | RI | 02840 | |
| Secretary Nai | ‴e Deborah W | Whiteway | | Treasurer Name | • | | |
| Street Addres | | viiiceway | | Deborah Whi | teway | | |
| orices Whites | 24 Annand | lale Rd | | Street Address 24 Annandal | ~ D-d | | |
| City | | State | Zip | City | | . | |
| - • | Newport | RI | 02840 | Newport | State RI | Zip 02840 | |
| 9. NAME | S AND ADDRES | SES OF THE DIR | ECTORS (*X* BOX FOR AT) | · - | ES BEFORE USING ATTA | | |
| Olrector Nam | i c | | | Director Name | OET ORE OSKIG AT I | COMENTS | |
| | N/A | | | | | | |
| treet Addres. | s | | | Street Address | | | |
| a 1. | | | | | | | |
| Tity | | State | Zip | : City | State | Zip | |
| Director Nam | | | | . | | | |
| Mettor Num | • | | | Director Name | | | |
| itreet Addres | s | | | : *Street Address | | | |
| | | | | • | | | |
| Tity | | State | Zip | City | State | Zip | |
| | | | | : | | • | |
| IO. SHAR | ES AUTHORIZEI | D ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED (| "X" BOX FOR ATTACHMENT | y . | |
| LUTHORIZZED S | SHARES | | | ISSUED) STARKS | | | |
| Sumber of Sh | | Class/Sertes | Par Value | Number of Shares | Class/Series | Par Value | |
| 2,000 \$1 | 1.00 PAR VALUE | | | 100 | common | \$1.00 | |
| | | | | 1 | | • • • • | |
| | | | | İ | | | |
| | | · | | | · - | | |
| his repo | rt must be signe | e d in ink by eith | ner the President, Vice | President, Secretary, Assi | stant Secretary, Treasu | irer, Receiver or Truste | 2 |
| | | | | • | • | | |



| File Date: | 8.2.02 | |
|---------------|-------------------|--|
| Check No.: | 3003 | |
| Ву: | de | |
| 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 strements contained herein are true and correct. Bar Tholomew J. Sayle

Print or Type Name of Officer

President Title of Officer

€> 5



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



| GORM MUST BE TYPED IN B. | LACK) | | | | |
|--|--------------------------------|---|---|-------------------------|---------------------------------|
| 1. Corporate 1D No. 93870 | 2. Name of Corpora Breakthr | ough Academy for | Research and Tra | ining,Inc. | |
| 3. Street Address Principal Busine | ess Office | | City | State | Zip |
| c/o Gregory 4. Business Phone No. 401-848-7777 | | lemorial Blvd 5. State of Incorporation RHODE ISLAN | Newport ID | RI | 02840 6. SIC Code |
| 7. Brief Description of the Charac | ter of Business Conducted i | in Rhode Island to oper | cate a facility | to train to | ach & instruct |
| adult indivi | duals in bu | siness corp. o | concerning moti | vation. resea | rch &training o |
| 8. NAMES AND ADDRE President Name | ESSES OF THE OFF | ICERS (*X* BOX FOR ATTAC | HMENT) FILL IN SPACES Vice President Name | S BEFORE USING ATTAC | CHMENTS forany other purpose |
| Bartholomew | J. Sayre | , | Deborah Whi | teway | |
| Street Address | - 1 | | : Street Address | | |
| 24 Annandale | | | 24 Annandal | .e Rd | |
| City | State | Zip O D D 4 O | City | State | Zip |
| Newport | RI | 02840 | Newport | RI | 02840 |
| Secretary Name | | | Treasurer Name | | |
| Deborah Whit | - | | Deborah Wh | iteway | |
| 24 Annandale | Rd | | ' 24 Annandal | e Rd | |
| City | State | Zip | · City | State | Zip |
| Newport | RI | 02840 | Newport | RI | 02840 |
| 9. NAMES AND ADDRE Director Name | ESSES OF THE DIRI | ECTORS (*x* box for att | ACHMENT) FILL IN SPAC Director Name | ES BEFORE USING ATT | ACHMENTS |
| N/A | | | | | |
| Street Address | | | Street Address | | ī |
| Cuy | State | Zip | City | State | Zip |
| Director Name | | • | Director Name | • . | |
| Street Addiess | | | Street Address | | |
| City | State | Zip | *City | State | Zip |
| 10. SHARES AUTHORIZ AUTHORIZZI) SHARES | ED (*X* BOX FOR ATE | ACHMENT) | 11. SHARES ISSUED | (*X* BOX FOR ATTACHMEN) | r) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 \$1.00 PA | R VALUE | | | | |
| • | - | | 100 | common | \$1700 |
| | | | 1 | | |
| | | | ! | | |

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



| Elle Date: | FILED | |
|------------|--------------------------|---|
| heck No | FEB 0 7 2001 | |
| ly: | FEB 0.7.2001 ByCL955D | |
| | 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 consulted herein are true and correct.

Signature of Officer

Date

Bartholonew & Sayle

Print or Type Name of Officer

President

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

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

93870



10

| 93870 | Breakthro | ugh Academy for | Research and Trai | ning,Inc. | |
|--|--|---------------------------------------|---|--|----------------|
| 3. Street Address Principal Busine | | - | City | State | Zip |
| c/o G. Fater, | 55 Memoria | l Blvd | Newport | RI | 02840 |
| 4. Business Phone No. | | 5. State of Incorporati | - | | 6. SIC Code |
| 401-848-7777 | 7 | RHODE ISLA | NO. | | |
| 7. Byef Description of the Charge adult Individu | ter of Rusiness Conducted 1815 IN DUS | iness corp. c | erate a facility | ation, research | h & training o |
| Lor- anyother .r 8, NAMES AND ADDRE President Name | ourpose for ESSES OF THE OFF | which a corp ICERS (*x* BOX FOR AT |). may exist under TACHMENT) FILLIN SPACE Vice President Name | er the laws of SBEFORE USING ATTACT | HMENTS |
| Bartholomew | J. Savle | | | Whiteway | |
| Street Address | • | | Street Address | MITCEWay | |
| 24 Annandale | e Rđ | | • | ndale Rd | |
| City | State | Zip | City | State | Zip |
| Newport | RI | 02840 | Newport | RI | 02840 |
| Secretary Name | | | Treasurer Name | | 02040 |
| Deborah Whit | eway | | Deborah Whi | itewav | |
| Street Address | | | Street Address | | |
| 24 Annandale | ⊋ Rđ | | 24 Annandal | le Rd | |
| City | State | Zip | City | State | Zip |
| Newport | RI | 02840 | Newport | RI | 02840 |
| 9. NAMES AND ADDRE | ESSES OF THE DIR | ECTORS ("X" BOX FOR. | ATTACHMENT) FILL IN SPAC | CES BEFORE USING ATTA | |
| N/ | 'A | | | | |
| 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 AUTHORIZ | ED ("X" BOX FOR ATT | АСНМЕЙТ) | 11. SHARES ISSUED | (*X* BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| Number of Shares | | | | | |

Title of Officer

| | * 9 3 8 7 0 * | | | |
|---------------|-------------------|--|--|--|
| File Date: | 3/8/00 | | | |
| Check No.: | 8682 | | | |
| Ву: | Ĉ. | | | |
| 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 stalergents contained herein are true and correct. 2/28/00 Signature of Offic Date Bartholomew Sayle Print or Type Name of Officer <u>President</u>



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

STOP PJJAMI RIAD INSTRUCTIONS

(FORM MUST BE TYPED IN PLACE)

| 1. Corporate ID No. | | | | | | |
|--|---------------------------|--|-------------------------------|-------------------------|---------------------------|--|
| 93870 | 1 | Academy for Resea | rch and Training,inc. | | , 1 | |
| 3. Street Address Principal Business Of | | | City | State | Zip 👸 | |
| c/o G.Fater, 55 | memorial B | lvd, Wag | Newport | RI | 02840 | |
| 4. Business Phone No. 401-848-7777 | | S. State of Incorporation RHODE ISLAND | | | 6. SIC Code | |
| 7. Brief Description of the Character of adult individua | Business Conducted in Rho | de Island to opera | te a facility to | train, teac | h & instruct | |
| adult individua 8. NAMES AND ATTURES P | URPOSE TERE | which ascorp | mav.exist.under | on research | & training | |
| 1 Jiment hemme | | CO CX DOX FOR ALLASTI. | Vice President Name | OKE USING AT MCHM | EK430GE KISTAL | |
| Bartholomew J. | _ | | Deborah Whitew | ay . | | |
| Sm3'3'ddGatherine St | | | Street Address 33 Catherine S | L . | | |
| City Newport | State RI | ^{21p} 02840 | Newport - | State RI | ^{Zip} 02840 | |
| Secretary Name | | | Treasurer Name | <u></u> | | |
| Deborah Whitewa | ıy | | Deborah Whitewa | ay | | |
| Street Address 33 Catherine St | reet | • | Street Address 33 Catherine S | treet | 1, | |
| Newport | State RI | ^{Zip} 02840 | City Newport | . State RI | ^{Zip z} 02840 | |
| 9. NAMES AND ADDRESSE | S OF THE DIRECT | ORS ("X" BOX FOR ATTAC | HMENT) CO FILL IN SPACES B | FFORE USING ATTACH | MENTS 7 | |
| Director Name | • • | · · · · · · · · · · · · · · · · · · · | Director Name | | , | |
| N/A | | • | • | | _{ | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | J | | Director Name | .l | 1 | |
| Street Address | | | Street Address | ··· | <u> </u> | |
| | | | Street Abbress | | | |
| City | State | Zip | City | State | Zip | |
| 10. SHARES AUTHORIZED | ("X" BOX FOR ATTACHN | (ENT) | 11. SHARES ISSUED (*X* B | OX FOR ATTACHMENT) | 7. 05.96.45.45.5 | |
| AUTHORIZED SHARES | | | ISSUED SHARES | OX FOR ATTACHMENT) | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 2,000 \$1.00 PAR VALU | JE | | 100 | common. | \$1.00 | |
| | | | | | | |
| This report must be signed | in ink by cither t | he President, Vice Pr | | | | |
| | | | Under penalty of perjury | , rocciate and amim the | ici nave examined | |

Check No.: 4843

By: STOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bartholomew J. Sayle

Print or Type Name of Officer

President

Title of Officer



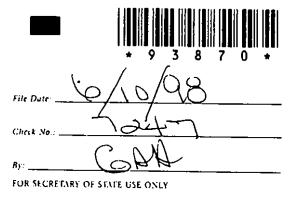
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

| (FORM MUST BE: | TYPED IN | BLACK) |
|----------------|----------|--------|
|----------------|----------|--------|

| • | • | riting ree: \$50.00 | | | INSTRUCTIO |
|---|-----------------------------|---------------------------------------|---|-----------------------|--------------------|
| (FORM MUST BE TYPED IN | BLACK) | | | | |
| 1. Corporate ID No. | 2. Name of Corpor | | • • | | |
| 93870 3. Street Address Principal Bush | ness Office | | search and Training,inc. | State | Zip |
| c/o G | regory F. Fa | ater,55 Memori Blvd. | al Newport | RI | 02840 |
| | 48-7777 | 5. State of Incorporation RHODE ISLAI | ND | | 6. SIC Code |
| 7. Brief Description of the Chara adult individu | acter of Business Conducted | in Rhode Island to ope | cerning facility | to train, te | ach & instru |
| TO NAMES AND A TO BE | ESSE OF THE OFT | which a corp. | cerning motivation may may, exist under | the laws of | and training RI |
| President Name Bartholomew J. Sayle | | Vice President Name Deborah 1 | Vice President Name Deborah Whiteway | | |
| Street Address | | | Street Address | • | |
| 33 Catherine St | | 33 Catherine St | | | |
| City | State | Zip | City | State | Zip |
| Newport Secretary Name | RI | 02840 | Newport Treasurer Name | RI | 02840 |
| Deborah Whit | teway | | Deborah N | Nhiteway | |
| | 33 Catherine St | | 33 Cather | rine St | |
| City | State | ZIp | City | State | Zip |
| Newport, 9. NAMES AND ADDR | RI ESSES OF THE DIR | 02840 ECTORS (*X* BOX FOR AT | Newport TACHMENT) | RI | 02840 |
| Director Name | | | Director Name | | |
| | /A | | | • | |
| 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 AUTHORIZ | ZED (*x" box for att | ACHMENT) | 11. SHARES ISSUED (*x | * BOX FOR ATTACHMENT) | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 \$1.00 PAR V | 'ALUE | | 100 | common | \$1.00 |

Th



Under penalty of perjury, I declare and affirm that I have examined this report) ingluding any accompanying schedules and statements, and ontained herein are true and correct.

Date

Signature of

Bartho**l**omew

Print or Type Name of Officer

President
Title of Officer