



State of Rhode Island

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 NOV 16 P 2:17

Annual Report for the year: 2019  
Corporation

→ 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 000796949		2. Exact name of the Corporation Critical Skills, Inc.			
3. Principal Office Address 150 West Market Street, Suite 700			City Indianapolis	State IN	Zip 46204
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island INFORMATION TECHNOLOGY CONSULTING, GENERAL MANAGEMENT CONSULTING AND PERMANENT AND TEMPORARY STAFFING			
5. State of Incorporation Indiana					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Cynthia Pizarro			Vice-President Name None		
Street Address 491 LEEDS CIRCLE			Street Address		
City CARMEL	State IN	Zip 46032	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Cynthia Pizarro			Director Name None		
Street Address 491 LEEDS CIRCLE			Street Address		
City CARMEL	State IN	Zip 46032	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1313		CNP	0.00
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 Cynthia Pizarro				Date 11/15/2020	
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

FILED

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BY RLCGB

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FORM 630 - Revised: 08/2020