State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV							

, 2020 NOV 1P ₽ 2: 17.

Annual Report for the year:	2019	
Corporation		

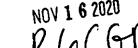
- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$25.	.00 fee if form is no	filed by April 1.			· · · · · · · · · · · · · · · · · · ·			
1. Entity ID Number		2. Exact name of the Corporation Critical Skills, Inc.						
000796949	Critical Skills	, inc	. t1					
3, Principal Office Address			City		State	Zip		
150 West Market Street, Suite	2 700		Indianapol	is	IN	46204		
4. NAICS Code	Brief descri	6. Brief description of the character of business conducted in Rhode Island						
541990		INFORMATION TECHNOLOGY CONSULTING, GENERAL MANAGEMENT CONSULTING						
5. State of Incorporation		AND						
Indiana	PERMANEN	PERMANENT AND TEMPORARY STAFFING						
7. List ALL officers (names an	d addresses)	<u>-</u>		Chec	k the box to indic	cate an attachment 🗆		
President Name Cynthia Pizarro			Vice-President Name None					
Street Address 491 LEEDS CIRCLE			Street Address					
City CARMEL	State [N	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 a	and addresses)			Che	ck the box to indi	cate an attachment 🔲		
Director Name Cynthia Pizarro			Director Nan	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		10. Shares Iss		Check the box to indicate an attachmen				
This information is currently o Department of State.	frecord in the	1313	F SHARES	CNP		0.00		
Changes require an additional filing.		<u></u>						
11. This report must be execu					rporation is in the	hands of a receiver or		
trustee, this report must be e Under penalty of perjury, I	declare and affirm (hat I have examir	ned this report	including any acc	companying sch	edules and		
statements, and that all sta Name of Authorized Represe		nerein are true a	na correct.		Date			
Cynthia Pizarro					11/15/2020			
Signature_of Authorized Repr	esentative			-				
R			FILE	עי				
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MAIL TO:
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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



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