



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
160 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 OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No., 2. Name of Corporation, 3. Street Address, 4. Business Phone No., 5. State of Incorporation, 6. SIC Code, 7. Brief Description of the Character of Business, 8. NAMES AND ADDRESSES OF THE OFFICERS, 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED, 11. SHARES ISSUED.

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

Signature of Officer: Barry M. Prizant, Date: 2-28-05

President

Print or Type Name of Officer

Barry M. Prizant, Phd.

Title of Officer

FILED stamp: File Date MAR 02 2005, Check No. By [Signature], FOR SECRETARY OF STATE USE ONLY



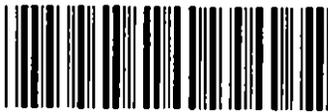
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>100686</b>		2. Name of Corporation <b>CHILDHOOD COMMUNICATION SEMINARS, INC.</b>			
3. Street Address Principal Business Office <b>2024 Broad Street</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
4. Business Phone No. <b>401-467-7008</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8730</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO AUTHOR, DEVELOP, PREPARE AND DISTRIBUTE, AND PRESENT PROFESSIONAL LITERATURE AND INFORMATION TO ORGANIZATIONS, GROUPS AND INDIVIDUALS INTERESTED IN THE FIELD OF SPEECH AND ORAL COMMUNICATIONS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Barry M. Prizant, Phd.</b>			Vice President Name <b>Elaine C. Meyer</b>		
Street Address <b>35 Kent Place</b>			Street Address <b>35 Kent Place</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Elaine C. Meyer</b>			Treasurer Name <b>Barry M. Prizant, Phd.</b>		
Street Address <b>35 Kent Place</b>			Street Address <b>35 Kent Place</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			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
<b>600 COMM \$1.00 PAR VALUE</b>			<b>400</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 1 0 0 6 8 6 \*

File Date 1-28-04  
Check No. 1659  
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] 1-21-04  
Signature of Officer Date

Barry M. Prizant, Phd.  
Print or Type Name of Officer

President  
Title of Officer

**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. **100686** 2. Name of Corporation **CHILDHOOD COMMUNICATION SEMINARS, INC.**  
3. Street Address Principal Business Office **2024 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **401-467-7008** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Speech Pathology & Childhood Disorder Seminars & Lectures

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

President Name <b>Barry M. Prizant, Phd</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	Vice President Name <b>Elaine C. Meyer</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>
Secretary Name <b>Elaine C. Meyer</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	Treasurer Name <b>Barry M. Prizant, Phd</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>

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

Director Name <b>NONE</b> 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

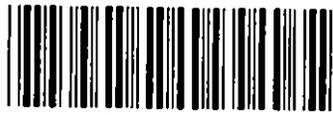
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	COMM	\$1.00

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	400	Common	\$1.00

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



\* 1 0 0 6 8 6 \*

File Date: 2-11-03  
Check No.: 1551  
By: ICP

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: [Signature] Date: 2-9-03  
Print or Type Name of Officer: Barry M. Prizant, Phd  
Title of Officer: President

**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. **100686** 2. Name of Corporation **CHILDHOOD COMMUNICATION SEMINARS, INC.**  
3. Street Address Principal Business Office **2024 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **401-467-7008** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Speech Pathology & Childhood Disorder Seminars**

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

President Name <b>Barry M. Prizant, Phd</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	Vice President Name <b>Elaine C. Meyer</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>
Secretary Name <b>Elaine C. Meyer</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	Treasurer Name <b>Barry M. Prizant, Phd</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>

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

Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 COMM \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**400 Common \$1.00**

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



\* 1 0 0 6 8 6 \*

File Date: 1-29-02  
Check No.: 1431  
By: [Signature]

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: [Signature] Date: 1-27-02  
Print or Type Name of Officer: Barry M. Prizant, Phd  
Title of Officer: President



**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. **100686** 2. Name of Corporation **CHILDHOOD COMMUNICATION SEMINARS, INC.**  
3. Street Address Principal Business Office **2024 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **401-467-7008** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Speech Pathology & Childhood Disorder Seminars**

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

President Name <b>Barry M. Prizant, Phd</b>	Vice President Name <b>Elaine C. Meyer</b>
Street Address <b>35 Kent Place</b>	Street Address <b>35 Kent Place</b>
City State Zip <b>Cranston RI 02905</b>	City State Zip <b>Cranston RI 02905</b>
Secretary Name <b>Elaine C. Meyer</b>	Treasurer Name <b>Barry M. Prizant, Phd</b>
Street Address <b>35 Kent Place</b>	Street Address <b>35 Kent Place</b>
City State Zip <b>Cranston RI 02905</b>	City State Zip <b>Cranston RI 02905</b>

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

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>

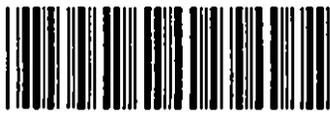
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 COMM</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>400 Shares</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 1 0 0 6 8 6 \*

File Date: 1/18

Check No.: 1322

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] 1-17-01  
Signature of Officer Date

Barry M. Prizant, Phd.  
Print or Type Name of Officer

President  
Title of Officer



**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. **100686** 2. Name of Corporation **CHILDHOOD COMMUNICATION SEMINARS, INC.**  
3. Street Address Principal Business Office **2024 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **401-467-7008** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8750**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Speech Pathology & Childhood Disorder Seminars**

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

President Name <b>Barry M. Prizant</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b> Secretary Name <b>Elaine C. Meyer</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	Vice President Name <b>Elaine C. Meyer</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b> Treasurer Name <b>Barry M. Prizant</b> Street Address <b>35 Kent Place</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b> Street Address <b>NONE</b> City <b></b> State <b></b> Zip <b></b>	Director Name <b>NONE</b> Street Address <b>NONE</b> City <b></b> State <b></b> Zip <b></b>
Director Name <b>NONE</b> Street Address <b>NONE</b> City <b></b> State <b></b> Zip <b></b>	Director Name <b>NONE</b> Street Address <b>NONE</b> City <b></b> State <b></b> Zip <b></b>

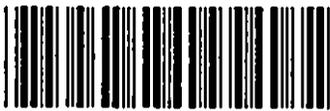
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 COMM \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**400 Shares common \$1.00**

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



\* 1 0 0 6 8 6 \*

File Date: 1/24/00

Check No.: 1129

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] 1-14-00  
Signature of Officer Date

**Barry M. Prizant**

Print or Type Name of Officer

**President**

Title of Officer



**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. **100886** 2. Name of Corporation **CHILDHOOD COMMUNICATION SEMINARS, INC.**  
3. Street Address Principal Business Office **2024 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **941-0864** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Educational Services & Seminar Instruction**

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

President Name <b>Barry Prizant, PHD</b> Street Address <b>3 Kent Place</b> City State Zip <b>Cranston RI 02905</b>	Vice President Name <b>Elaine Meyer, PHD</b> Street Address <b>3 Kent Place</b> City State Zip <b>Cranston RI 02905</b>
Secretary Name <b>Elanie Meyer, PHD</b> Street Address <b>3 Kent Place</b> City State Zip <b>Cranston RI 02905</b>	Treasurer Name <b>Barry Prizant, PHD</b> Street Address <b>3 Kent Place</b> City State Zip <b>Cranston RI 02905</b>

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

Director Name <b>Barry Prizant, PHD</b> Street Address <b>3 Kent Place</b> City State Zip <b>Cranston RI 02905</b>	Director Name <b>Blank</b> Street Address <b>Blank</b> City State Zip <b>Blank</b>
Director Name <b>Elaine Meyer, PHD</b> Street Address <b>3 Kent Place</b> City State Zip <b>Cranston RI 02905</b>	Director Name <b>Blank</b> Street Address <b>Blank</b> City State Zip <b>Blank</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 COMM</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>\$1</b>

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



File Date: June 21, 1999  
Check No.: 1023  
By: [Signature]

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] 1-19-99  
Signature of Officer Date  
**Barry Prizant, PHD**  
Print or Type Name of Officer  
**President**  
Title of Officer