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State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001683870

2. Name of Corporation 95 PERCENT GROUP INC.

3. Street Address Principal Business Office:

No. and Street: 475 HALF DAY ROAD #350

City or Town: LINCOLNSHIRE State: IL Zip: 60059 Country: USA

4. Business Phone No.

847 499 8200

5. State of Incorporation

State: IL

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

611430

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

EDUCATIONAL CONSULTING AND INSTRUCTIONAL PRODUCTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name | Address | |
|----------------------|-----------------------------|---|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| PRESIDENT | BRAD LINDAAS | 475 HALF DAY RD. #350 LINCOLNSHIRE, IL 60069 USA | |
| COO, VP, SECRETARY & | C DAVID HALL | 475 HALF DAY RD. #350 | |

| TREASURER | | LINCOLNSHIRE, IL 60069 USA |
|--------------------------------------|--------------|---|
| CHAIRPERSON &CHIEF EXECUTIVE OFFICER | SUSAN HALL | 475 HALF DAY RD. #350 LINCOLNSHIRE, IL 60069 USA |
| DIRECTOR | SUSAN HALL | 475 HALF DAY RD.#350 LINCOLNSHIRE, IL 60069 USA |
| DIRECTOR | C DAVID HALL | 475 HALF DAY RD.#350 LINCOLNSHIRE, IL 60069 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 1,000.00 | 100 |

9. 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.

Signed this 6 Day of January, 2021 at 4:26:21 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By <u>C. DAVID HALL</u>

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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