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State of Rhode Island

Department of State - Business Services Division

FILED

FEB 04 2021

B: 23355

Annual Report for the year: 2021

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	2. Exact name of the Corporation		
153725	IntelliSkills, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
1 Swinburne St	Jamestown	RI	02835
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
541519	SOFTWARE AND/OR miscellaneous and consulting services		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
SUZANNE FAY	PETER FAY
Street Address: 1 Swinburne St	Street Address: 1 Swinburne St
City: Jamestown State: RI Zip: 02835	City: JAMESTOWN State: RI Zip: 02835
Secretary Name	**Treasurer Name**
SUZANNE FAY	
Street Address: 1 Swinburne St	Street Address:
City: Jamestown State: RI Zip: 02835	City: State: Zip:

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	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:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	NONE		.01

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	Date
SUZANNE FAY	2/1/2021
Signature of Authorized Representative	
Suzanne Fay	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov