



State of Rhode Island  
**Department of State - Business Services Division**

**STAMP**

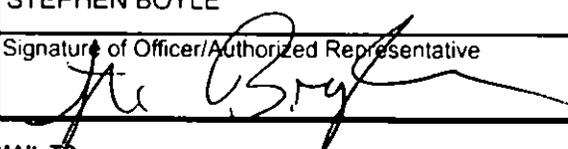
**Annual Report for the year: 2021**

**Non-Profit Corporation**

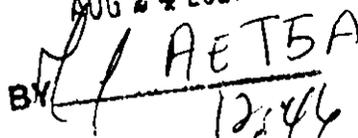
- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number <b>152044</b>		2. Exact name of the Corporation <b>PROVIDENCE SKILLS CENTER, INC</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATION & TRAINING			
4. NAICS Code 611110 - Elementary and Seco <input type="checkbox"/>					
6. Principal Office Address 1 RESERVOIR AVE		City PROVIDENCE	State RI	Zip 02907	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARC AMATO</b>		Vice-President Name			
Street Address <b>1 RESERVOIR AVE</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARC AMATO</b>		Director Name <b>STEPHEN BOYLE</b>			
Street Address <b>1 RESERVOIR AVE</b>		Street Address <b>1 RESERVOIR AVE</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>ANDREW CORTES</b>		Director Name <b>JOANNE MCGUNAGLE</b>			
Street Address <b>1 RESERVOIR AVE</b>		Street Address <b>1 RESERVOIR AVE</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>STEPHEN BOYLE</b>				Date <b>5/24/21</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

**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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