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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED	
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BY 1160	
19-28	

1. Entity ID Number		2. Exact name of the Corporation CHILDHOOD COMMUNICATION SEMINARS, INC.						
000100686	CHILDE	GOD COMM	IUNICATIO	ON SEMINAR	S, INC.	,		
Principal Office Address			City		State	Zip		
35 KENT PLACE			CRANST	ON	RI	02905		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
812990		TO AUTHOR, DEVELOP AND DISTRIBUTE ALL TYPES OF						
State of Incorporation		PROFESSIONAL LITERATURE AND SEMINAR MATERIALS						
RI	FROFES	PROFESSIONAL LITERATURE AND SEMINAR MATERIALS						
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name BARRY M. PRIZANT			Vice-President Name ELAINE C. MEYER					
Street Address 35 KENT PLACE			Street Address 35 KENT PLACE					
City CRANSTON	State RI	^{Zip} 02905	City CRANSTON		State RI	^{Zip} 02905		
Secretary Name ELAINE C. M		YER Treasurer Name BARRY M. P			RIZANT			
Street Address 35 KENT PLACE		Street Address 35 KENT PLACE						
City CRANSTON	State RI	^{Zip} 02905	City CRANSTON		State RI	^{Žıp} 02905		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name NONE			Director Name	Director Name				
Street Address			Street Address					
City	State	Zıp	City		State	Zp		
Director Name	Director Name	Director Name						
S:reet Address			Street Address					
City	State	Zip	City	<u>. </u>	State	Z:p		
9. Shares Authorized		10. Shares Issued Check the box to indicate				ndicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
		400		COMMON		\$1.00 ·		
						· · -		
11. This report must be executed	on behalf of the	corporation by an a	authorized repres	sentative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be exec	<u>uted on behalf or</u>	f the corporation by	the receiver or tr	ustee.				
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	Date		
BARRY M. PRIZANT					2/18/2023			
Signature of Authorized Representative								

Division of Business Services

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

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