




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

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**Annual Report for the year:** 2023  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001715927	2. Exact name of the Limited Liability Company CENTRE INTERNATIONAL POUR LA FORMATION PROFESSIONNELLE ET SPECIALISEE LLC		
3. NAICS Code 611430	4. Brief description of the character of business conducted in Rhode Island EDUCATIONAL CENTER		
5. State of Formation RI			
6. Principal Office Address 350 POWER ROAD		City PAWTUCKET	State RI
Zip 02860			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name FLORENTIN M KOTYN		Contact Title OWNER	
Street Address 350 POWER ROAD		City PAWTUCKET	State RI
Zip 02860			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person FLORENTIN M KOTYN			Date 04/18/2023
Signature of Authorized Person 			

**FILED**  
 APR 19 2023  
 BY NSU/ES  
 AA

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov