



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD
24 FEB 14 PM 1:39:10

STAMP

1. Entity ID Number 000795379		2. Exact name of the Corporation KAPLAN TUTORING SERVICES INC.			
3. Principal Office Address 2377 PAWTUCKET AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 611691		6. Brief description of the character of business conducted in Rhode Island TUTORING SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CYNTHIA C. KAPLAN			Vice-President Name NONE		
Street Address 74 WEST VALLEY CIRCLE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name DANIEL S. KAPLAN			Treasurer Name CYNTHIA C. KAPLAN		
Street Address 74 WEST VALLEY CIRCLE			Street Address 74 WEST VALLEY CIRCLE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$0.01
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 CYNTHIA C. KAPLAN					Date 2/10/24
Signature of Authorized Representative <i>Cynthia C. Kaplan</i>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 14 2024
BY 6JSQQ FJ

FORM 630 - Revised: 11/2021