



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.

FILED

FEB 14 2024

BY 5

1. Entity ID Number 000153725		2. Exact name of the Corporation IntelliSkills, Inc. DS			
3. Principal Office Address 1 Swinburne Street			City Jamestown	State RI	Zip 02835
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Software and miscellaneous consulting services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Suzanne Fay			Vice-President Name 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 Suzanne Fay			Treasurer Name Suzanne Fay		
Street Address 1 Swinburne St			Street Address 1 Swinburne St		
City Jamestown	State Ri	Zip 02835	City Jamestown	State RI	Zip 02835
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		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SE-RIFS	
		none		PAR VALUE	
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. <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 Representative Suzanne Fay				Date 2/11/2024	
Signature of Authorized Representative 					

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