

REC'D RIDGS BSD
24 MAY 1 11:19:22State of Rhode Island
Department of State - Business Services Division

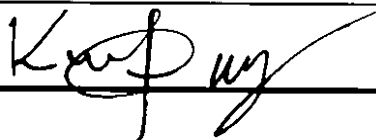
Annual Report for the year: 2024

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 10 HEATH STREET		City RIVERSIDE	State RI
		Zip 02915	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name FLORENTIN M KOTYN		Contact Title OWNER	
Street Address 10 HEATH STREET		City RIVERSIDE	State RI
		Zip 02915	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person FLORENTIN M KOTYN		Date 04/19/2024	
Signature of Authorized Person 			

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BY 4F1B2

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MAIL TO:

Division of Business Services

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

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