



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

Annual Report for the year: **2022**
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 RI SOS BSD
 AUG 14 2024 2:53:59
 STATE OF RHODE ISLAND

1. Entity ID Number 000487806		2. Exact name of the Corporation National Corporate College Consultants Inc			
3. Principal Office Address 55 Pawtucket Ave., Bldg D			City Rumford	State RI	Zip 02916
4. NAICS Code 541612		6. Brief description of the character of business conducted in Rhode Island PROVIDE OUTSOURCED ADMINISTRATIVE CAMPUS RECRUITING 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 Samuel Iserson			Vice-President Name		
Street Address 55 Pawtucket Ave. Bldg D			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		<small>NUMBER OF SHARES CLASS/SERIES PAR VALUE</small>			
		9886	CWP	\$1.00	
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 Samuel Iserson				Date 08/12/2024	
Signature of Authorized Representative 					

FILED
AUG 14 2024
BY 60351M
AA 2:54 PM