State of Rhode IslandFee: \$50.00Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025
1. Corporate ID No. 000092629
2. Name of Corporation <u>SkillBuilders, Inc.</u>
3. Street Address Principal Business Office:
No. and Street: 213 ROBINSON STREET, 2ND FLOOR
City or Town: WAKEFIELD State: <u>RI</u> Zip: <u>02879</u> Country: <u>USA</u>
4. Business Phone No.
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>611420</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
COMPUTER TRAINING AND CONSULTING.
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Class of Stock Series of Stock Par Value Per Share Total Authorized Numer of Number of Shares and Outstand Num of Shares STK \$0.000 100.00 100 This report must be executed on behalf of the corporation by an authorized representative. The corporation is in the hands of a receiver or trustee, this report must be executed on bela f the corporation by the receiver or trustee. 100 Signed this 27 Day of February, 2025 at 12:06:45 PM. This electronic signature of the ndividual or individuals signing this instrument constitutes the affirmation or acknowledgemen he signatory, under penalties of perjury, that this instrument is that individual's act and deed or fict and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By GARY BELKE Signature of Authorized Representative of the Corporation orm No. 630 evised 09/07 2007 - 2025 State of Rhode Island	Title	Individual Name First, Middle, Last, Suffix DAVID G ANDERSON				
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