



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATION

2025 MAR -5 AM 10:44

Annual Report for the year:

Corporation

→ 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 000100687		2. Exact name of the Corporation CHILDHOOD COMMUNICATION SERVICES, LTD			
3. Principal Office Address 35 KENT PLACE			City CRANSTON	State RI	Zip 02905
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island TO AUTHOR, DEVELOP AND DISTRIBUTE ALL TYPES OF PROFESSIONAL LITERATURE AND SEMINAR MATERIALS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BARRY M PRIZANT			Vice-President Name ELAINE C MEYER		
Street Address 35 KENT PLACE			Street Address 35 KENT PLACE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name ELAINE C MEYER			Treasurer Name BARRY M PRIZANT		
Street Address 35 KENT PLACE			Street Address 35 KENT PLACE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
400			COMMON		
			\$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 BARRY M PRIZANT					Date ✓ 3-1-25
Signature of Authorized Representative ✓ <i>Barry M Prizant</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.gov

MAR 05 2025
BY *V. GAAS*

FORM 680- Revised: 12/2023