

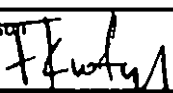


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 8 PM 12:06:03

Annual Report for the year: 2025
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. Entry 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 Professional and Management Development Training EDUCATIONAL CENTER	
5. State of Formation RHODE ISLAND			
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 4/8/25	
Signature of Authorized Person 			

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

FILED
APR 08 2025
BY 