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State of Rhode Island
Department of State - Business Services Division

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. Entity ID Number	2. Exact name of the Limited Liability Company
001715927	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	City	State	Zip
10 HEATH STREET	RIVERSIDE	RI	02915

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
FLORENTIN M KOTYN	Owner

Street Address	City	State	Zip
10 HEATH STREET	RIVERSIDE	RI	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	Date
FLORENTIN M. KOTYN	4/8/25

Signature of Authorized Person: F Kotyn

FILED
APR 08 2025
BY JWG
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov