



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>131034</b>		2. Exact name of the Corporation <b>The Elliot Leadership Institute</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Nonprofit Educational 611710</b>			
5. Principal office address <b>505 White Plains Rd</b>		City <b>Tarrytown</b>		State <b>NY</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Alice Elliot</b>			Vice-President Name		
Street Address <b>505 White Plains Rd</b>			Street Address		
City <b>Tarrytown</b>		State <b>NY</b>	Zip <b>10591</b>	City	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Alice Elliot</b>			Director Name <b>Samuel Bealle</b>		
Street Address <b>505 White Plains Rd</b>			Street Address <b>45 E. 66th Street</b>		
City <b>Tarrytown</b>		State <b>NY</b>	Zip <b>10591</b>	City <b>New York</b>	
State <b>NY</b>		Zip <b>10065</b>		City	
Director Name <b>Joe Cugine</b>			Director Name		
Street Address <b>500 Main Street #4</b>			Street Address		
City <b>Ridgefield</b>		State <b>CT</b>	Zip <b>06877</b>	City	
State <b>CT</b>		Zip <b>06877</b>		City	
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

**FILED**

NOV 09 2018

BY **V390J**

**A.A. 10:30A**

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.

Signature of Officer or Authorized Representative

Date

**11/7/18**

Print or Type Name of Officer or Authorized Representative