



**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 **2014**

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 The Elliot Leadership Institute			RECEIVED R.I. DEPT. OF STATE BUS. SVCS. DIV. 2018 NOV -9 AM 10:29 0591
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Nonprofit Educational <b>611710</b>			
5. Principal office address 505 White Plains Rd		City Tarrytown	State NY	Zip 10591	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alice Elliot		Vice-President Name			
Street Address 505 White Plains Rd		Street Address			
City Tarrytown	State NY	Zip 10591	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alice Elliot		Director Name Samuel Bealle			
Street Address 505 White Plains Rd		Street Address 45 E. 66th Street			
City Tarrytown	State NY	Zip 10591	City New York	State NY	Zip 10065
Director Name Joe Cugine		Director Name			
Street Address 500 Main Street #4		Street Address			
City Ridgefield	State CT	Zip 06877	City	State	Zip
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.					

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>

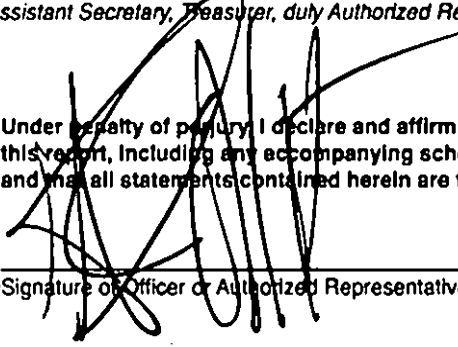
**FILED**

NOV 09 2018

BY **V3905**

A.A-10' 2018 AM

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

11/7/18  
 Date