State of Rhode Island Fee: \$20.00   Office of the Secretary of State Fee: \$20.00			
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2021			
1. Corporate ID No. 000131034			
2. Name of Corporation The Elliot Leadership Institute			
3. State of Incorporation			
State: <u>RI</u>			
of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code			
<u>611710</u>			
4. Principal Office Address			
No. and Street: 505 WHITE PLAINS ROAD STE 228			
City or Town: $\underline{TARRYTOWN}$ State: $\underline{NY}$ Zip: $\underline{10591}$ Country: $\underline{USA}$			
5. Foreign Corporation. Enter Principal Office Address			
No. and Street:			
City or Town: State: Zip: Country:			
5. Brief Description of the Character of the Affairs Conducted in Rhode Island <u>TO CONDUCT RESEARCH AND TO EDUCATE LEADERS IN ORDER TO PROMOTE AND</u> <u>IMPROVE THE QUALITY OF LEADERSHIP IN THE HOSPITALITY AND FOODSERVICE</u> INDUSTRIES			
6. Names and Addresses of the Officers and Directors:			

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALICE ELLIOT	505 WHITE PLAINS ROAD TARRYTOWN, NY 10591 USA
DIRECTOR	JOE CUGINE	500 MAIN STREET UNIT #14 RIDGEFIELD, CT 06877 USA
DIRECTOR	LAUREN BAILEY	5210 N. CENTRAL AVE., SUITE 101 PHOENIX, AZ 85012 USA
DIRECTOR	ALICE ELLIOT	505 WHITE PLAINS RD TARRYTOWN, NY 10591 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 1 Day of June, 2021 at 3:57:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

By ELIZABETH COSTA

Signature of Authorized Person

Form No. 631 Revised 09/07

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