

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

penuity jee of \$25.00.					
1. Corporate ID No. 594	435 ^{2. Name of Corpora}	^{ttion} Chariho Ass	ociation of Educa	tional Sup	port Personne
3. State of Incorporation	4. Corporate addres	s in Rhode Island - Street Add	ress	City	Zip
Rhode Isla	and: 453 W	Switch Rd.	W	od River	JCt 02894
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the chara	icter of the affairs which a	re actually conducted in Rhod	e Island	· I	<u></u>
To promote se educational :	elf improve support per sses of the office	ement for mem sonnel and m ERS: ("X" BOX FOR ATTA	bers and to creat embers of their c c <i>chment)</i> [] FILL IN SPACES B	e goodwill community. Before Using ATT	between achments
President Name Marie Glass			Vice President Name Mary BEth Gibbons		
Street Address PO Box 205			Street Address PO Box 485		
Rockville	State RI	^{Zip} 02873	Charlestown	State RI	^{Zip} 02813
Secretary Name		Treasurer Name Karen Mott			
Street Address			Street Address 69 FEnner Hill Rd		
City	State	Zip	Hope Valley	State RI	Zip 02832
8. NAMES AND ADDRE	 SSES OF THE DIREC	 CTORS: ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	•	1
		•	O) CORPORATION SHALL NOT		
Director Name		00110 (11110111111111111111111111111111	Director Name		(3)
Marie Glass			Mary Beth GIbbons		
Street Address			Street Address		
PO Box 205			PO Box 485		
City	State	Zip	City	State	Zip
Rockville	RI	02873	Charlestown	RI	02813
Director Name			Director Name		
			Karen Mott		
Street Address			Street Address 69 Fenner Hill Rd		
City	State	Zip	City	State	Zip
	ĺ		Hope Valley	RI	02832
9. REGISTERED AGENT	I IN RHODE ISLANI	Marie Glass	-		
This information is curre	ntly of record in the 0		- State. Changes require filing of For	rm 641 - R.I.G.L. 7-6	-13/7-6-78
This report	must be signed by ei	ther the President, Vice	President, Secretary, Assistant Se	cretary, Treasurer, R	eceiver or Trustee
•	- •		-		

FILE	:D
File Date JUN 02 Check No.	2000
By 6	03 '
FOR SECRETARY OF S	TATE USE ONLY

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

Karen mett	6-1-09	
Signature of Officer	Date	
Karen Mott		
D' T II COCC		

Print or Type Name of Officer Treasurer

Title of Officer