

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 30.9

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 penalty fee of \$25.00.	annual report within the time prese	ribed by law (R.I.G.L. 7-6	-91) is subject to a	
1. Corporate ID No. 2. Name of Corporation				
	ent leacher	Group		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	Λ., 3	City	Zip	
RHode Island 21 Village	AVC	Cranston	02920	
5. Foreign corporation. Enter principal office address	Carocon Strong	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
TO Aid in Bettering The Education of Students at This school				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jamie Blaks	Vice President Name	ichilada.		
Street Address	Street Address	ionoreini		
119 Stone Drive	234 h	CKWOOd	Arc	
Cranston RI 02920	cun stor	State K L	7.09.00	
Secretary Name Penny Potter	Treasurer Name MATIC ESTOIGO			
Street Address 73 Pheosant Ur	Street Address	Villinge A	4-6	
State RI (3900) 8. NAMES AND ADDRESSES OF THE DIRECTORS: (X- BOX FOR ATTACK)	City (I) (I) I) TEN HMENT) FILL IN SPACES BI	State	24 920 MENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3), R.I.G.L. 7-6-23				
Director Name	Director Name			
Jame Blake	Dana	Michelet	4	
Street Address // 9 Stone DC	Street Address 224	Bockwas	d Are	
Cranston RI 210 2920	Cranston	State RI	2920	
Director Name Penny Potter	Director Name MAYA	Estme	in	
Street Address 72 Phenoma Dr	Street Address	Village K	Jve	
City State Zip V2920 9. REGISTERED AGENT IN RHODE ISLAND	cuy	State	02920	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				
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File Date 6-18-09 Check No. 4030 By: MMC FOR SECRETARY OF STATE 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. Signature of officer Print or Type Name of Officer Title of Officer Form 631 Rev. 09/17