

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Stree.

Providence, RI 02904-2615 401.222.304(

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \sqrt{QQQ}^{out}

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.

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1. Corporate 1D No. 1813 Internation Inal Bas	elali Academ	ny of New	England	
3 State of Incorporation 4. Corporate address in Rhode Island - Street Address 85 CH Cin HC AVCAU	ť	PROLICENCE	02507	
5. Foreign corporation. Enter principal office address	City	State	Zip	
6 Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PASITE SEIF ESTEEM IN KIRS GIVE TEENSERS, CREATE GETWINES,				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
Rennedy Ant Arias	Vice President Name Hermandez			
3 Dain Steet	Street Address (Hant	ac Avenu	C	
City Charston State RI Zip 03920	C.I.D UZA	State AI	107ED	
Secretary Name Treasurer Name Treasurer Name				
Street Address attanto Avenue	Street Address			
(City) State Zip Z107	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R LG L 7-6-23				
Director Name William Flaherty	Director Name Francisco	A Rodin	(3). R.I.G.L. 7-6-23	
119 Sloop Steet	Street Address	th St		
Johnstan state RI 202835	2 ber	State	20 2911	
Director Nama Darlene Polanco	Director Name			
85 atlanta Ave	Street Address			
9. REGISTERED AGENT IN RHODE ISLAND	City	State	Zip	
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				

·	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
Check No. JUL 28 2009	92:E Hd 82 70r suppure of Officer Date AIO SNOTHWARD CONCERN ANT ANTICES AIO SNOTHWARD CONCERN ANT ANTICES
FOR SECRETARY OF STATE USE ONLY	AID SNOITAND AND Print of Type Name of Officer GANIS AND AND PRINT OF Type Name of Officer
3.25	Title of Officer Form 631 Rev. 09/17