



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2009

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.

1. Corporate ID No. <u>27297</u>		2. Name of Corporation <u>RD CULTURAL EDUCATIONAL ENRICHMENT PROGRAM</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>P.O. Box 9012</u>		City <u>Providence</u>	Zip <u>02940-9012</u>
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 <u>TAKE STUDENTS TO TOUR COLLEGES IN THE SOUTH AND NEW ENGLAND</u> <u>COLLEGES - FASHION SHOW - KING &amp; QUEEN BALL</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>RUTHIE CORRIA / Executive Director</u>			Vice President Name		
Street Address <u>P.O. Box 9012</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02940-9012</u>	City	State	Zip
Secretary Name <u>ARDENA FLEMING</u>			Treasurer Name <u>DANIEL CORRIA</u>		
Street Address <u>1595 WESTMINSTER STREET</u>			Street Address <u>130 MAYFLOWER ST.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02914</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 <u>LAURA WARD</u>			Director Name <u>DR. VANESSA JOHNSON</u>		
Street Address <u>76 PITTSLEY ST.</u>			Street Address <u>P.O. Box 9012</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02940</u>
Director Name <u>VERONICA DE FONSECA</u>			Director Name <u>SHIRLEY JOHNSON</u>		
Street Address <u>26 SEDAN ST.</u>			Street Address <u>P.O. Box 9012</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Seekonk MA</u>	State <u>MA</u>	Zip <u>02970</u>
9. REGISTERED AGENT IN RHODE ISLAND					
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

FILED  
File Date JUL 29 2009  
Check No. 095580  
By: ES:1 WA 62 JUL 29 2009  
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.

Ruthie Corria 7/29/2009  
Signature of Officer Date

Ruthie Corria  
Print or Type Name of Officer

Pres. / Executive Director  
Title of Officer