

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200

Providence, RI 02904-2615 401.222.3040

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.

Y	· · · · · · · · · · · · · · · · · · ·				
1. Corporate ID No. 7	2. Name of Corporation IN THE INITIAL	ve to Educ	ute Afghe	an Word	
3. State of Incorporation Khode Isla	4. Corporate address in Rhode Island - Street Address Street Address	treet	Warren	02887	
5. Foreign corporation. Enter prin	cipal office address	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO Faculty and Recult women to pushe college in US					
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS: ("X" BOX FOR ATTACK	HMENT) FILL IN SPACES BY Vice President Name	EFORE USING ATTACH	MENTS	
Lunw	Fauttrol	J-lan	re Win	P	
Sireet Address	bert ave	Street Address	al Ish	JRd	
Barrington	State RI 2ip 0780k	s cuy Bristol	State R_T	2ip 02809	
Secretary Name	in Pritchett	Treasurer Name E 1 (8 0	ibett	Laver	
Street Address	ridgeview Dr	Street Address	3u cton	57 1	
City Tamestown	State RI 210 02855	1011Bristof	State R T	Zip 0280	
8. NAMES AND ADDRESSES	OF THE DIRECTORS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTACH	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	V J	Director Name	,	,,,	
Lynn	1 Tan Thop	Je	anne h	Jine	
Street Address	Same as above	Street Address	due a	bore	
City	State Zip	City	State	Zip	
Director Name	givin Pritabett	Director Name E / / *	sabel	Lover	
Street Address	ane along	Street Address	570	alove	
City	State Zip	City	State	Zip	
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					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver Trustee					
				3	

		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	AUG 0 7 2009 1:06	Signature of Officer Virginia R. Prichett
Ву:	By 096271	Print or Type Name of Officer
	FOR SECRETARY OF STATE USE ONLY	Title of Officer