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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 2010

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.	2. Name of Corporation		
27297	R.I. Cultural Educational Enrichment Program		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
R.I.	P.O. Box 9012	Providence	RI
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
Take students to tour colleges

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Ruthie Correia - Executive Director	Vice President Name:
Street Address: P.O. Box 9012	Street Address:
City: Providence State: RI Zip: 02940-9012	City: State: Zip:
Secretary Name: Arlene Fleming	Treasurer Name:
Street Address: 1595 Westminster St.	Street Address:
City: Prov. State: RI Zip: 02909	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.I.G.L. 7-6-23

Director Name: Dr. Vanessa Johnson	Director Name: Veronica [redacted] De Fonseca
Street Address: 72 Bolter St.	Street Address: 36 Sedan Street
City: Pawt. State: RI Zip: 02908	City: Prov State: RI Zip: 02904
Director Name: Shirley Johnson	Director Name: Laura Ward
Street Address: 15	Street Address: 76 Pitney St.
City: Seekonk State: MA Zip: 02771	City: Prov. State: RI Zip: 02907

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

[redacted]

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 Correia 7/30/2010
Signature of Officer *Date*

Ruthie Correia
Print or Type Name of Officer

Pres/Executive Director
Title of Officer

[redacted]

FILED
File Date JUL 30 2010
Check No. 012 3698
By: By
FOR SECRETARY OF STATE USE ONLY

52076-1-536441

Form 631 Rev. 09/17