

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 20/1

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 June (R.I.G.L. 7-6-94).

penalty fee of \$25.00.	s annual report within the time press	cribed by law (R.I.G.L. 7-0	5-91) is subject to a
1. Corporate ID No. 1597725 2. Name of Corporation ENK! EDUCATION), Inc		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 7. FRNDALE		Provoerce	2ip 0) 9 (1) 5
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 TRAIN PRIMARY AND SECONDARY SCHOOL TEACHER, homeschooling parents AND OFFICE APPLICATION 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DeBorat w. Hussey Vice President Name Thurst P. Wa		WALTER	
300 Perton Road #JA	Street Address 1160 Oak		
New Rahelle Ny 10895	Boulder	State W	2030X
BETH A. SUTTON			
97 VERNDALE AVE	Street Address 97 UEKA	Dace AVE	
PAWIDENCE State AT 240 02907 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	PlauDence HMENTO THE INSTRUCTION	State NI	2499T
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Street Address	Director Name TRUDY	P. WALT	en
300 Peltum Road #54	Street Address 1160 0	alc St	
NEW ROCHEVE NY 10805	Burten Burten		%3030Y
BLAKE M SUTTON	Director Name BETH	A Sutton	
97 UEKNIGLE AVE	Street Address 97 U	EMODILE A	ve
PAIDENCE State NT 240 00995. REGISTERED AGENT IN RHODE ISLAND	Phonoence	State AI	02505
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			

This report must be signed by either the Preside	nt, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
FILED File Date JUN 01 2011 Check No. 991 BY By: FOR SECRETARY OF STATE USE ONLY	Under penalty of perfury, I deglare 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 Divetor
	Form 631 Rev. 09/17